



Health Services
LOS ANGELES COUNTY

May 29, 2007

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Honorable Board of Supervisors
County of Los Angeles
Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**AMENDMENT OF THE BYLAWS OF THE PROFESSIONAL STAFF
ASSOCIATION OF THE LOS ANGELES COUNTY MARTIN
LUTHER KING, JR – HARBOR HOSPITAL
(2nd District) (3 Votes)**

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

IT IS RECOMMENDED THAT YOUR BOARD:

Approve, and instruct the Chairman to sign, the attached Bylaws of the Professional Staff Association of the Los Angeles County Martin Luther King, Jr.-Harbor Hospital as amended (Exhibit I), effective upon Board approval and continuing for an indefinite period of time, with no fiscal impact.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

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In approving this action, the Board is authorizing revisions to the Bylaws of the Professional Staff Association of the Los Angeles County Martin Luther King, Jr.-Harbor Hospital (PSA). These revisions are recommended at this time to reflect clinical changes in the hospital's activities related to the MetroCare Plan, to bring the bylaws into conformity with new state, federal and Joint Commission requirements, and to make changes to improve the functioning of the PSA.

*To improve health
through leadership,
service and education*

Section 2.76.540 of the Los Angeles County Code provides for the establishment of professional staff associations and privileges for professional staff in County hospitals. This code section requires that such organizations function in accordance with bylaws which have been approved by the Board of Supervisors. The PSA Bylaws were last approved by the Board of Supervisors on December 13, 2005.

The attached Bylaws amendments were approved by the membership of the PSA on May 21, 2007. For your convenience, a copy of the Bylaws which "redline" the changes is enclosed at Exhibit II.

FISCAL IMPACT/FINANCING:

None. There are no monetary payments associated with these Bylaws.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

The significant changes to the Bylaws being requested are as follows:



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1. Change the name of the Professional Staff Association to Los Angeles County Martin Luther King Jr.-Harbor Hospital.
2. Delete references to the Charles R. Drew School of Medicine and Science, and to the role of Drew officials in the PSA, as well as deleting language related to graduate medical education programs.
3. Add a requirement that terminated or transferred members of the PSA request continued membership in writing before the Executive Committee considers allowing such continued membership. Currently, the Executive Committee may continue such membership, which otherwise automatically terminates on the transfer or termination of an employed physician, without a request by the physician.
4. Adjust the duties of PSA members to require them to notify the Chief Medical Officer of certain criminal convictions or exclusion from a federal healthcare program and to require that history and physicals be performed with certain periods of time.
5. Modify the definitions of each category of PSA membership to clarify the qualifications, including the requirement to undergo proctoring for certain classes of membership, and to remove the right of emeritus staff to vote at PSA meetings.
6. Add a requirement that the National Practitioner Data Bank and Office of the Inspector General's List of Excluded Individuals be queried as part of the appointment and reappointment processes and that results of such queries be used making a decision on the qualifications of a practitioner.
7. Include a limitation on the rights of unsuccessful applicants, or certain terminated members to reapply for membership within a certain period of time, and to require the reapplicant to demonstrate that the circumstances that lead to the denial or termination have been rectified.
8. Add a provision which would allow members to take a leave of absence for up to twenty-four months.
9. Add provisions which address the assignment of clinical privileges for new procedures which involve more than one department and which restrict the granting of privileges for services which are outside of the hospital's approved scope of services or budget.
10. Add authority for the PSA to establish a performance monitoring process, which is a new requirement of The Joint Commission.
11. Clarify the provisions related to disaster privileges, also to conform to revised requirements of The Joint Commission.
12. Add authority for the PSA automatically to suspend a practitioner's membership with respect to new admissions for failure to complete medical records. This provision assures that the practitioner has received notice that his or her records were incomplete, before he or she is suspended.

13. Revise the structure of the Departments to delete, for the present time, all divisions, and to consolidate the disciplines, including dentistry, into five new departments: Emergency Medicine, Medicine, Ancillary Medicine, Women's and Children's Health, and Surgery.
14. Change the position of the President-Elect to Vice President, clarify the duties of the officers, and adjust the election rules to accommodate the revised offices.
15. Modify the composition of the Executive Committee so that it now includes the officers, the past President, the department chairs, certain committee chairs, and one additional member from each department.
16. Add a provision allowing the Executive Committee to make recommendations on certain decisions related to contracted physician services, so long as those recommendations are made within a specified period of time.
17. Expand the duties of the Performance Improvement Committee to go beyond physician care and to serve a leadership role in the hospital's performance improvement process.
18. Combine the Utilization Management Committee and the Medical Records Committee and also transfer Blood Usage Review Committee functions into the Operative and Invasive Procedures Committee.
19. Modify meeting procedures by revising the definition of quorum to assure that there are at least three members present before business is transacted, by allowing for certain meetings to occur or members to participate electronically, at the discretion of the chair, and by allowing departments or committees to meet in executive session.
20. Modify the rules on confidentiality to clarify who has access, and to specify the conditions under which a member may have access to their records and request correction of them.
21. Add a provision which allows ten percent of the PSA members to request that a change to one of the formally adopted rules and regulations be put to a vote of the entire membership.
22. Add a provision giving PSA members a right to indemnification by the County under certain circumstances related to good faith participation in peer review or quality improvement activities.
23. Add provisions which allow the PSA to hire independent counsel at its own expense and to assess dues, as required by law.

County Counsel has approved these Bylaws amendments (Exhibit I) as to form.

CONTRACTING PROCESS:

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

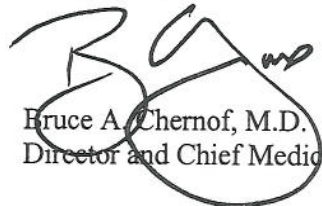
None.

CONCLUSION:

The Department of Health Services is recommending that the Board approve the Bylaws of the PSA as amended.

When approved, this Department requires four signed copies of the Bylaws.

Respectfully submitted,



Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:rs
Amendment of bylaws

Attachment (2)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

ARTICLE I

NAME

The name of this organization shall be the Professional Staff Association of the Los Angeles County Martin Luther King, Jr.-Harbor Hospital.

ARTICLE II

MEMBERSHIP

SECTION 1. NATURE OF MEMBERSHIP

- A. Membership in the Association is a privilege which shall be extended only to professionally competent and licensed physicians, podiatrists, dentists, and clinical psychologists, who continuously meet the qualifications, standards, and requirements set forth in these bylaws.
- B. Physicians, dentists, podiatrists, and clinical psychologists employed by the Hospital in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Hospital and need not become members of the Association.
- C. Physicians, dentists, podiatrists, and clinical psychologists whose duties include clinical responsibilities or functions involving their professional capabilities, are eligible to apply for membership in the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- D. Allied Health Professionals, and students shall not be eligible for membership in the association.
- E. Membership in the Association is separate and distinct from any individually granted clinical privileges, and Association membership shall not automatically confer any clinical privileges, and appointment to Association membership shall confer only those clinical privileges which have been granted in accordance with these bylaws.
- F. No practitioner who is not a County Civil Service classified employee shall admit or provide any health services to any patient in the Hospital unless and until the practitioner becomes a member of the Association or has been granted temporary privileges in accordance with these bylaws.
- G. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner, who has any contract with the County to provide health services at the Hospital, or who provides health services at the Hospital under the contract of a non-County entity, shall automatically terminate on the date of expiration or termination of such contract, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her Association membership and clinical privileges to the extent necessary for any employment at the Hospital as a County classified employee.
- H. Notwithstanding any other provision of these bylaws, if a practitioner, who provides health services at the Hospital under the contract of a non-County entity, has his/her authority to provide such services limited or restricted by

such non-County entity, then those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated on the date, if any, that the Executive Committee, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her clinical privileges to the extent necessary for any employment at the Hospital as a County Civil Service classified employee.

- I. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate on the date of termination of County employment or on the date that the practitioner transfers or is assigned to another County facility, unless prior to such applicable date, the Executive Committee, after receiving a written request from the employee, in its sole discretion, does not approve in writing such termination. The practitioner shall not be entitled to a hearing and appellate review under Article VII.

SECTION 2. QUALIFICATIONS FOR MEMBERSHIP

Only physicians, podiatrists, dentists, and clinical psychologists licensed to practice in the State of California who can document their background, experience, training, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), and demonstrated competence, their adherence to the ethics of their profession, their good reputation, their current physical and mental health status, and their ability to work with others, with sufficient adequacy to demonstrate to and assure the Association and the Director that they are professionally and ethically competent and qualified and that any patient treated by them in the Hospital will be given a high quality of care, shall be qualified for membership in the Association. No physician, podiatrist, dentist, or clinical psychologist shall be entitled to membership in the Association or to the exercise of any clinical privileges in the Hospital merely by virtue of the fact that he/she is duly licensed to practice medicine, podiatry, dentistry, or clinical psychology in this or any other state, or that he/she is a member of any professional organization, or that he/she had in the past, or presently has, such privileges at another hospital.

SECTION 3. CONDITIONS AND DURATION OF APPOINTMENT

- A. Initial appointments and reappointments to the Association shall be made by the Director. The Director shall act on appointments, reappointments, or suspension or revocation of appointments only after there has been a recommendation from the Executive Committee as provided in these bylaws, provided that in the event of unwarranted delay on the part of the Executive Committee, the Director may act without such recommendation on the basis of documented evidence of the applicant's or Association member's professional and ethical qualifications obtained from reliable sources other than the Executive Committee.
- B. Except as otherwise provided in Section 3 of Article III, initial appointments shall be provisional for a maximum period of six (6) months. Prior to the conclusion of the

provisional period, the appropriate department chair shall recommend to the Credentials Committee which shall recommend to the Director through the Executive Committee the removal of provisional status and appointment to the Active Staff, Consulting Staff, or Courtesy Staff, as appropriate, or the termination of the appointment. Initial appointments and any reappointments shall each be for a period of not more than twenty-four (24) months.

- C. Appointment to the Association shall confer on the appointee only those clinical privileges as have been granted by the Director in accordance with these bylaws.
- D. Every application for membership shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every member's obligation to abide by the Association bylaws, rules and regulations, and applicable Governing Body policies; to accept committee assignments; to accept consultation assignments; and where applicable by reason of medical, surgical, podiatric, dental, or clinical psychological privileges being sought, to provide proper care and supervision of his/her patients; to participate in staffing special care units; to participate in the quality assessment and improvement and peer review activities of the departments and divisions.

SECTION 4. NONDISCRIMINATION

No applicant shall be denied Association membership or clinical privileges on the basis of age, gender, race, creed, color, national origin, or any other criterion not based on professional justification.

SECTION 5. BASIC RESPONSIBILITIES OF ASSOCIATION MEMBERSHIP

The ongoing responsibilities of each Active Staff, Provisional Staff, Consulting Staff, and Courtesy Staff member of the Association shall include, but are not limited to:

- A. Providing patients with continuing care and quality of care meeting the professional standards of the attending staff of the Hospital.
- B. Abiding by the Association bylaws and rules and regulations and departmental rules and regulations.
- C. Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Association membership, including, but not limited to, committee assignments and performance improvement and risk management activity.
- D. Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Hospital.
- E. Abiding by the lawful ethical principles of the California Medical Association and/or the member's professional association.
- F. Participating in any Association approved educational programs for members of the attending staff, nurses and other personnel, as requested.
- G. Working cooperatively with members, nurses, Hospital Administration to ensure proper patient care.
- H. Making appropriate arrangements for coverage of the member's patients as determined by the Association.
- I. Refusing to engage in improper inducements for patient referral and adhering to County policy regarding "running and capping".
- J. Participating in continuing education programs as determined by the Association.

- K. Participating in such emergency coverage or consultation panels as may be determined by the Association.
- L. Discharging such other attending staff obligations as may be lawfully established from time to time by the Association.
- M. Providing information to and/or testifying on behalf of the Association, the County or any practitioner under review regarding any matter under review pursuant to Articles VI and VII.
- N. Notifying, in writing, the Chief Medical Officer immediately after, but in no event later than ten(10) days after, the occurrence of any of the following: (1) the practitioner is notified in writing by the Medical Board of California or other appropriate State licensing agency that an investigation regarding the practitioner is being conducted, (2) the practitioner is served with an accusation by the Medical Board of California or other appropriate State licensing agency, (3) the practitioner is served with a statement of issues by the Medical Board of California or other appropriate State licensing agency, (4) the practitioner has been convicted of a misdemeanor or felony that relates to the qualifications, functions or duties of the practitioner, or which would lead to exclusion from a federal health care program, (5) exclusion from a federal or state healthcare program, (6) the practitioner's membership and/or clinical privileges are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health care facility, (7) the practitioner's membership in any local, state, or national medical societies, his/her Drug Enforcement Administration certificate, or his/her license to practice any profession in any jurisdiction, are voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished, and/or (8) any professional liability litigation involving the practitioner proceeds to final judgment, is settled, or is in progress.
- O. Assure that a medical history and physical examination is completed no more than 30 days before or 24 hours after admission for each patient who the Association member admits, and that a record of such medical history and physical examination is placed in the patient's medical record within 24 hours of such patient's admission. To the extent that the medical history and physical was performed prior to the patient's admission, the Association member shall assure that an entry is made in the medical record within 24 hours of admission, documenting an examination for any changes which have occurred.
- P. Abiding by all Association and Department of Health Services policies and procedures, including, without limitation, those related to the Health Insurance Portability and Accountability Act (HIPAA).

ARTICLE III

CATEGORIES OF ASSOCIATION MEMBERSHIP

SECTION 1. MEMBERSHIP CATEGORIES

The Association membership shall be divided into:

- A. The Active Staff
- B. The Provisional Staff
- C. The Consulting Staff
- D. The Emeritus Staff
- E. The Courtesy Staff

SECTION 2. ACTIVE STAFF

The Active Staff shall consist of physicians, dentists, podiatrists, and clinical psychologists who admit or attend at least 8 patients each year in the Hospital, who have completed the required period as provisional staff as set forth in Article III Section 3 below, and who assume all the functions and responsibilities of membership in the Association, including, where appropriate, teaching and consultation assignments. Members of the Active Staff shall be appointed to a specific department, shall be eligible to vote, to hold office and to serve on Association committees, and shall be required to attend department meetings. Members of the Active Staff shall have completed the residency or other training requirements for an American specialty board certification, if applicable, or have satisfied the eligibility requirements of the applicable department as approved by the Executive Committee, or have completed five (5) years in active practice in their specialty, and shall have the recommendation of their department chair for such status.

SECTION 3. PROVISIONAL STAFF

The Provisional Staff shall consist of physicians, dentists, podiatrists, and clinical psychologists who have provisional status as described in Article II, Section 3 (B), and who immediately prior to their application were not members of the Association. They shall be entitled to exercise such clinical privileges as are granted pursuant to these bylaws and to attend Association, committee and department meetings, but shall not be eligible to hold office in the Association or to vote in Association, committee or department meetings unless that right is specified at the time of appointment.

Provisional Staff members shall undergo a period of proctoring and observation by designated Association members to evaluate the Provisional Staff member's proficiency in the exercise of clinical privileges initially granted and overall eligibility for continued Association membership and advancement within Association staff membership categories. Proctoring and observation of Provisional Staff members shall follow whatever frequency and format each department deems appropriate in order to adequately evaluate the Provisional Staff member, including, but not limited to, concurrent or retrospective chart review, mandatory consultation, and/or direct observation. There should be a sufficient variety and number of cases monitored and evaluated to be representative of the requested privileges, depending upon the scope of clinical privileges requested. Appropriate records shall be maintained by the department. The results of the proctoring and observation shall be submitted by the department chair to the Credentials Committee. A Provisional Staff member shall remain in the Provisional Staff membership category for a maximum period of six (6) months, unless the Director, upon recommendation of the Executive Committee, based on a report from the Credentials Committee, determines to extend that status for an additional period of up to six (6) months upon a finding of good cause, which determination shall not be subject to a hearing and appellate review pursuant to Article VII. If the Provisional Staff member has satisfactorily demonstrated his/her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Association membership, the Provisional Staff member shall be eligible for appointment by the Director as an Active Staff, Consulting Staff, or Courtesy Staff, as appropriate, upon recommendation of the Executive Committee. In all other cases, the appropriate department chair shall advise the Credentials Committee, which shall make its report to the Executive Committee, which, in turn, shall make its recommendation to the Director for a determination regarding any modification or termination of clinical privileges and Association membership.

SECTION 4. CONSULTING STAFF

The Consulting Staff shall consist of physicians, podiatrists, dentists and

clinical psychologists qualified for Active Staff membership who have completed the required period as provisional staff as set forth in Article III Section 3 but and who act only as consultants, or who are associated with the Hospital in connection with a specific project or projects. Consulting Staff members shall be appointed to a specific department and shall be eligible to serve on Association committees and to vote on matters before such committees. They shall not be eligible to vote at Association meetings or to hold office, nor are they required to attend Association or department meetings, although they are encouraged to do so.

SECTION 5. EMERITUS STAFF

Physicians, dentists, podiatrists, and clinical psychologists who have retired from Active Staff membership may apply for Emeritus Staff status. Emeritus Staff members shall be appointed to a specific department. They shall not be eligible to apply for clinical privileges, to admit or attend patients or to hold office, or vote at Association meetings. They are not required to attend Association or department meetings, although they are encouraged to do so.

SECTION 6. COURTESY STAFF

The Courtesy Staff shall consist of physicians, podiatrists, dentists and clinical psychologists qualified for Active Staff membership who have completed the required period as provisional staff as set forth in Article III Section 3 but who only admit or attend less than eight (8) patients each year at the Hospital. In addition to all other requirements for membership, each Courtesy Staff member must be either: (1) a member in good standing of at least one licensed California general acute care hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations or by another nationally recognized organization or (2) a physician, dentist, podiatrist or clinical psychologist who is employed by the County of Los Angeles in a County Civil Service classified employee position, who provides patient care exclusively at a hospital, comprehensive health center or health center owned and operated by the County of Los Angeles, and who has received the recommendation of the Chief Medical Officer of the applicable County hospital, comprehensive health center or health center for membership in the Courtesy Staff. Courtesy Staff members shall be appointed to a specific department. They shall not be eligible to serve on Association committees and shall not be eligible to vote at Association or department meetings or to hold office. They are not required to attend Association or department meetings, although they are encouraged to do so.

ARTICLE IV

PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

SECTION 1. APPLICATION FOR APPOINTMENT

- A. All applications for appointment to the Association shall be in writing, shall be signed by the applicant, and shall be submitted to the Director only after review by the Chief Medical Officer, the Credentials Committee, and the Executive Committee. The application form shall be approved by the Executive Committee and shall require detailed information concerning the applicant's current California licensure, experience, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), verification of identity, verification from the Office of Inspector General's (OIG) list of Excluded Individuals/ Entities of non-exclusion from participation in the Medicare, Medicaid, and all Federal health care programs, privileges requested, and, if applicable, current

insurance coverage as indicated in Article XIV, and other qualifications, and shall include the names of at least three (3) persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's current professional competence, ethical character, and physical and mental health status. In addition, the application shall include, but not be limited to, all information as to: (1) whether the applicant's membership status and/or clinical privileges have ever been voluntarily or involuntarily, revoked, suspended, reduced, not renewed, or relinquished at any other hospital or health facility; (2) whether the applicant's membership in any local, state or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced, or relinquished, and (3) whether any professional liability litigation involving the applicant has been to final judgment, has been settled, or is in progress.

- B. In connection with all applications for appointment, the applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, ethical character, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XIV, for resolving any doubts about these matters, and for satisfying all requests for information. The applicant's failure to fulfill this requirement, the applicant's withholding of any relevant information, or the applicant's submission of any inaccurate information, shall be grounds for denial of the application. In addition, the applicant may be required to submit to a medical or psychological examination, at the applicant's expense, if deemed appropriate by the Executive Committee, which may select the examining physician. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant.
- C. By applying for appointment to the Association, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application and authorizes the representatives of the County of Los Angeles, and/or the Association, to consult with members of medical staffs of other hospitals or health facilities with which the applicant has been associated and with others who may have information bearing on his/her competence, ethical character, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications, and, if applicable, current insurance coverage as indicated in Article XIV, and to an inspection by the above of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical

privileges he/she requests, as well as of his/her moral and ethical qualifications for membership. In addition, the applicant by applying for appointment releases from any liability the County of Los Angeles, the Association, and their respective officers, employees or agents, for any of their acts performed in good faith and without malice in connection with evaluating the applicant and his/her qualifications and credentials, and also releases from any liability all individuals and organizations that provide information to the above in good faith and without malice concerning the applicant's competence, ethical character, physical and mental health status, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications and, if applicable, current insurance coverage as indicated in Article XIV, for Association membership and clinical privileges, including otherwise privileged or confidential information.

- D. The application form shall include a statement that the applicant has received and read the bylaws of the Association and any rules and regulations applicable thereto, and that he/she agrees to be bound by the terms thereof, as they may be amended from time to time, without regard to whether or not he/she is granted membership and/or clinical privileges in all matters relating to his/her application.
- E. In evaluating the applicant's eligibility for Association membership, consideration shall be given to other factors, including but not limited to: (1) the Hospital's ability to provide adequate facilities and supportive services for the applicant and his/her patients; (2) patient care requirements for additional attending staff members with the applicant's skill and training; (3) the Hospital/community needs for the applicant's services; and (4) the geographic location of the applicant.
[duplicates subpar. D above]
- F. Acceptance of membership in the Association shall constitute the member's agreement that he/she will strictly abide by the Guiding Principles for Physicians - Hospital Relationships of the California Medical Association, as well as the Code of Medical Ethics of the American Medical Association, the Principles of Ethics and Code of Professional Conduct of the American Dental Association, the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, or the Code of Ethics of the American Podiatry Medical Association, whichever is applicable.

SECTION 2. APPOINTMENT PROCESS

- A. The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the Chief Medical Officer, who shall verify the references, education, training, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall also query both the National Practitioner Data Bank and the Office of Inspector General's (OIG) List of Excluded Individuals/ Entities and consider

the results of such queries. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant. It shall be the applicant's responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials to the Credentials Committee for evaluation.

- B. Within seventy-five (90) days after receipt of the completed application for membership, the Credentials Committee shall review the application and other information submitted to the Chief Medical Officer and make a written report of its investigation to the Executive Committee. Prior to making this report, the Credentials Committee shall examine the evidence of the character, professional competence, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications of the applicant, and, if applicable, the current insurance coverage as indicated in Article XIV, and shall determine, through information contained in references given by the applicant and from other sources available to the Committee, including, but not limited to, the recommendations from the department in which privileges are sought, as submitted to the Credentials Committee, whether the applicant has established and meets all of the necessary qualifications for the category of Association membership and the clinical privileges requested by him/her. Every department in which the applicant seeks clinical privileges shall provide the Credentials Committee with specific, written recommendations for delineating the applicant's clinical privileges, and these recommendations shall be made a part of the Committee's report. Together with its report, the Credentials Committee shall transmit to the Executive Committee the completed application and a recommendation that the applicant be either appointed to the Association or rejected for Association membership, or that the application be deferred for further consideration. Where rejection or deferment is recommended, the reasons for such recommendation shall be stated along with the recommendation.
- C. At its next regular meeting following receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend to the Director, through the Chief Medical Officer, that the applicant be provisionally appointed to the Association, that he/she be rejected for Association membership, or that his/her application be deferred for further consideration.
- D. When the recommendation of the Executive Committee is to defer the application for further consideration, the reason for deferment should be stated, and the recommendation must be followed up within sixty (60) days with a subsequent recommendation for provisional appointment with specified clinical privileges or for rejection for Association membership.
- E. When the recommendation of the Executive Committee is favorable to the applicant, the recommendation shall

promptly be forwarded, together with all the supporting documentation, to the Director, through the Chief Medical Officer.

- F. When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges, the President shall promptly so notify the applicant by certified or registered mail, return receipt requested. No such adverse recommendation shall be forwarded to the Director until after the applicant has exercised or has been deemed to waive his/her right to a hearing as provided in Article VII.
- G. If the aggrieved applicant has requested a hearing as provided in Article VII , and if the hearing has resulted in a decision either at the hearing or appellate level which is favorable to the applicant, the applicant's application shall thereafter be processed in accordance with Subsection E of this Section 2.
- H. Within fifteen (15) days after the receipt of a favorable recommendation by the Executive Committee, the Director shall act in the matter. If the Director's decision is adverse to the applicant in respect to either appointment or clinical privileges, the Director shall promptly notify him/her of such adverse decision by certified or registered mail, return receipt requested, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived his/her rights under Article VII and until there has been compliance with Subsection J of this Section 2. The fact that the adverse decision is held in abeyance shall not be deemed to confer membership or privileges where none existed before.
- I. In the event the applicant waives or fails to exercise his/her rights under Article VII, the Director's decision shall be considered final, except that the Director may defer final determination by referring the matter to the Executive Committee for further reconsideration. Any such referral-back shall state the reasons therefore and shall set a time limit not to exceed sixty (60) days within which a subsequent recommendation to the Director shall be made. After receipt of such subsequent recommendation and new evidence in the matter, if any, the Director shall make a decision either to appoint the applicant to Association membership or to reject him/her for membership. All decisions to appoint shall include a delineation of the clinical privileges which the appointee may exercise.
- J. Whenever the Director's decision will be contrary to the recommendation of the Executive Committee, the Director shall submit the matter to a committee composed of the Chief Medical Officer, Chief Executive Officer, the President, and the department chair involved for review and recommendation and shall consider such recommendation before making his/her decision final. Such committee shall report back to the Director within fifteen (15) days with its recommendation, and the Director shall render a decision within fifteen (15) days after his/her receipt of such recommendation.
- K. When the Director's decision is final, he/she shall send notice of such decision to the President of the Association, to the chair of the department involved, and by registered or certified mail, return receipt requested, to the applicant.

- L. An applicant whose application was denied, or who withdrew his or her application following an adverse recommendation on it, or a member of the Association whose membership was terminated involuntarily, or who voluntarily relinquished his or her membership while an investigation or disciplinary action was pending, shall not be eligible to apply again for membership until a) the date that the reason for the denial, adverse recommendation, involuntary termination or investigation or disciplinary action is removed, or (b) twenty-four (24) months, whichever is later. When such period of ineligibility has ended, the applicant or former member may apply using the procedures set forth in Sections 1 and 2 of this Article, and, in addition, shall also demonstrate that the reason for the denial, adverse recommendation, involuntary termination or investigation or disciplinary action no longer exists and that any problems have been corrected.

SECTION 3. REAPPOINTMENT PROCESS

- A. At least ninety (90) days prior to the end of a member's period of appointment, the member shall submit an application for reappointment to the Chief Medical Officer. Such application shall require information concerning changes in physical and mental health status and other qualifications of the member since the previous review of the member's qualifications, including, but not necessarily limited to, privileges requested, evidence for change of privileges, continuing education, present status of California licensure, experience, Drug Enforcement Administration certification (for physicians, dentists and podiatrists), verification from the OIG's List of Excluded Individuals/ Entities of non-exclusion from participation in the Medicare, Medicaid, and all Federal health care programs, and, if applicable, current insurance coverage as indicated in Article XIV. In addition, the application shall include, but not be limited to, all information as to: (1) whether the member's membership status and/or clinical privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, not renewed, or relinquished at any hospital or health facility; (2) whether the member's membership in any local, state or national medical societies or his/her Drug Enforcement Administration certificate or his/her license to practice any profession in any jurisdiction has ever been voluntarily or involuntarily revoked, suspended, not renewed, reduced or relinquished; and (3) whether any professional liability litigation involving the member has been to final judgment, has been settled, or is in progress. The Chief Medical Officer shall verify the references, education, training, current licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall also query both the National Practitioner Data Bank and the OIG's List of Excluded Individuals/ Entities and consider the results of such queries. The Chief Medical Officer shall promptly notify the member of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member. It shall be the member's responsibility to obtain all required information. When collection and verification is accomplished, the Chief

Medical Officer shall transmit the application and all supporting materials to the appropriate department chair. The department chair shall review all pertinent information available on each member of his/her department who applies for reappointment and who is scheduled for periodic appraisal. This review shall also include an assessment of information collected in the course of the Hospital's Quality Assessment and Improvement Program regarding the member's professional performance, as well as practitioner-specific information regarding professional performance. Each department shall develop and monitor the practitioner-specific information and compare this data to relevant benchmarks. The department chair shall, no later than sixty (60) days prior to the end of the member's period of appointment, forward this information to the Credentials Committee for the purpose of determining its recommendations for reappointment to the Association and for the granting of clinical privileges for the ensuing two year period. The Credentials Committee shall transmit its recommendations in writing to the Executive Committee. Where non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented.

- B. In connection with all applications for reappointment, the member shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, physical and mental health status, ethics, current California licensure, experience and other qualifications for the membership category and clinical privileges requested, and, if applicable, current insurance coverage as indicated in Article XIV, for resolving any doubts about these matters, and for satisfying all requests for information. The member's failure to fulfill this requirement, the member's withholding of any relevant information, or the member's submission of any inaccurate information, shall be grounds for denial of the application. In addition, the member may be required to submit to a medical or psychological examination at the member's expense, if deemed appropriate by the Executive Committee, which may select the examining physician. The Chief Medical Officer shall promptly notify the member of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the member.
- C. Each recommendation concerning the reappointment of a member and the clinical privileges to be granted upon reappointment shall be based upon documentation, furnished by the department chair, and other information requested of such member or otherwise obtained by the Credentials Committee, of such member's professional performance, competence, clinical and/or technical skills, judgment in the treatment of patients, as assessed in the Hospital's performance improvement, risk management, and safety activities, and other qualifications, including, but not limited to, his/her professional practice outside the Hospital; present status of his/her California licensure and Drug Enforcement Administration certification (for physicians, dentists and podiatrists); evidence of his/her physical and mental health status; his/her ethics and conduct; his/her professional practices outside the Hospital; his/her attendance at department meetings; his/her participation in

Association affairs; his/her compliance with the Association bylaws, rules and regulations; his/her current insurance coverage, if applicable, as indicated in Article XIV; his/her cooperation with Hospital personnel; his/her use of the Hospital's facilities; his/her relations with other attending staff members; and his/her general attitude toward patients, the Hospital and the public.

- D. At least thirty (30) days prior to the end of the member's period of appointment, the Executive Committee shall make written recommendations to the Director, through the Chief Medical Officer, concerning the reappointment, non-reappointment and/or clinical privileges of each member then scheduled for periodic appraisal. Where non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented. Thereafter, the procedure provided in Subsections E through K of Section 2 of this Article IV relating to recommendations on applications for initial appointment shall be followed.
- E. If a member fails to submit an application for reappointment, completed in accordance with this Section 3, at least thirty (30) days prior to the expiration of his/her period of appointment, then (1) the member shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges upon such expiration and (2) the member shall be required to submit an application for initial appointment in accordance with the procedures described in Sections 1 and 2 of this Article IV.

SECTION 4. CHANGE IN MEMBERSHIP CATEGORY OR CLINICAL PRIVILEGES

Any Association member who, prior to his/her application for reappointment, requests a change in his/her membership category or clinical privileges shall submit an application in writing on the prescribed form at any time, except that no such application shall be submitted within twelve (12) months of the date a similar request was denied. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of this Article IV.

Section 5. LEAVES OF ABSENCE

Members may request a leave of absence which must be approved by the Executive Committee to be effective. Such leave shall not exceed a period of twenty-four (24) months following the date of the Executive Committee's approval. During the period of the leave, the member shall not exercise privileges at the Hospital and his or her membership rights and responsibilities, including the obligation to apply for reappointment, shall be inactive.

To be reinstated at the conclusion of the leave, the member must follow the procedures for reappointment set forth in Section 3 of this Article and, in addition, must provide information regarding his or her professional activities, if any, during the leave of absence.

ARTICLE V

CLINICAL PRIVILEGES

SECTION 1. DELINEATION OF CLINICAL PRIVILEGES

- A. Every practitioner practicing at the Hospital by virtue of Association membership or otherwise, shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Director, except as provided in Sections 2 and 3 of this Article V. All such clinical privileges shall

- apply only to the Hospital.
- B. Every initial application for appointment and every application for reappointment to Association membership must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon documentation and verification of the applicant's current California licensure, education, training, experience, demonstrated current competence, references, an appraisal by the department in which requested privileges are sought, clinical performance at the Hospital, the documented results of patient care and other quality review and monitoring which the Association deems appropriate, and other relevant information, including, but not limited to, pertinent information concerning clinical performance obtained from other hospitals and health care settings where the applicant exercises clinical privileges. In the event that the Director or the Governing Body authorizes the Hospital to offer a new service which would fall within the expertise of more than one department, the Executive committee shall appoint an ad hoc committee to establish the requirements for receiving privileges to provide such service. It shall be the applicant's responsibility to obtain all required information. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges requested. Each applicant granted clinical privileges shall pledge that he/she shall provide for the continuous care of his/her patients.
- C. Applications for additional clinical privileges shall be in writing on the prescribed form. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of Article IV, and individuals shall be subject to the same requirements for proctoring as they would have been if such privileges had been requested at the time the initial application for privileges was made.
- D. Periodic re-determination of clinical privileges and the increase or curtailment of same shall be carried out as part of the reappointment process and shall be based upon the observation of care provided, review of the records of patients treated in this or other hospitals, and review of the records of the Association which document the evaluation of the member's participation in the delivery of health care.
- E. No specific privilege may be granted if the task, procedure or activity constituting the privilege is outside or the scope of services established by the Director and the Governing Body in their sole discretion or if the resources necessary to exercise the privilege have not been made available by the Director in his sole discretion.
- F. Privileges granted to duly licensed dentists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each dentist and oral surgeon may perform shall be specifically delineated and granted in the same manner as all surgical privileges, including, but not limited to, performance of admission history and physical examination if training is provided for this. Surgical procedures performed by dentists shall be under the overall supervision of the Chair of the Department of Surgery. All dental patients shall receive the same basic medical appraisals as

patients admitted to other surgical services. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Hospital.

- G. Privileges granted to duly licensed podiatrists shall be based on their training, experience, and demonstrated competence and judgment. In making their recommendations, the Executive Committee may consider the need for podiatry services which either are not presently being provided by other members of the attending staff or may be provided in the Hospital without disruption of existing services. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists shall be under the overall supervision of the Chair of the Department of Surgery. All podiatric patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the attending staff shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Hospital.
- H. Privileges granted to duly licensed clinical psychologists shall be based on their training, experience, and demonstrated current competence and judgment and shall not include the prescribing of any medications. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Hospital.
- I. The Association, acting with the approval of the Executive Committee, and on the recommendations of the departments, shall establish a performance monitoring process, which shall identify the triggers for such monitoring and shall, at least, provide for focused professional monitoring or evaluation.

SECTION 2. TEMPORARY PRIVILEGES

A. Pending Application for Association Membership

Upon receipt of a completed application for Association membership, including, without limitation, desired membership category and a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure, National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment, and service need or where the completed application raises no concerns and is awaiting review and approval of the Executive Committee and the Director, the Director may, with the written concurrence of the chair of the concerned department and of the President of the Association or the Chief Medical Officer, grant temporary clinical privileges to the applicant, but in exercising such privileges, the applicant shall act under the supervision of the chair of the department to which he/she is assigned. Such temporary privileges should not exceed a period of ninety (90) days in duration, but in no event shall exceed one hundred and twenty (120) days in duration.

B. Patient Care Need by Non-Applicant for Association Membership

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of the desired clinical privileges, and verification of his/her references, education, training, current California licensure, National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Director may, with the written concurrence of the chair of the concerned department and the President or the Chief Medical Officer, grant temporary clinical privileges for the care of a specific patient to a practitioner who is not an applicant for Association membership. Such temporary privileges should not exceed a period of ten (10) days in duration, but in no event shall exceed thirty (30) days in duration.

C. Locum Tenens

Upon receipt of a completed application for temporary clinical privileges, including, without limitation, a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure, National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment and service need, the Director may, with the written concurrence of the chair of the concerned department and the President or Chief Medical Officer, grant temporary clinical privileges to the practitioner to serve as a locum tenens for a member of the Association. Such temporary privileges should not exceed a period of ninety (90) days in duration, but in no event shall exceed one hundred and twenty (120) days in duration.

D. Special requirements of supervision and reporting may be imposed by the chair of the concerned department on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Director upon notice of any failure by the practitioner to comply with any such special requirements.

E. The Director may at any time, upon the recommendation of either the President or the chair of the concerned department, terminate a practitioner's temporary privileges effective as of the discharge from the Hospital of the practitioner's patient(s) then under his/her care in the Hospital. However, where it is determined that the life or health of such patient(s) would be endangered by continued treatment by the practitioner, the termination may be imposed by the Director immediately. The chair of the appropriate department, or in his/her absence, the Chief Medical Officer or the Director shall assign a member of the Association to assume responsibility for the care of such terminated practitioner's patient(s) until he/they are discharged from the Hospital. The wishes of the patient(s), shall be considered where feasible in the selection of such

substitute practitioner.

- F. Each practitioner applying for temporary clinical privileges must sign an acknowledgment of having received and read the Association's current bylaws, rules and regulations, and applicable policies and the practitioner's agreement to be bound by their terms.

SECTION 3. EMERGENCY PRIVILEGES

A. For a Specific Patient

In case of an emergency involving a specific patient, any physician, podiatrist, dentist, or clinical psychologist who is a member of the Association or who holds a County Civil Service classified employee position and to the degree permitted by his/her license and regardless of service or Association status or lack of same, shall be permitted and assisted to do everything possible to save the life of a patient or to save the patient from serious harm, using every facility of the Hospital necessary, including, but not limited to, the calling for any consultation necessary or desirable. When an emergency situation no longer exists, such physician, podiatrist, dentist, or clinical psychologist must request the privileges necessary to continue to treat the patient and shall defer to the appropriate department chair with respect to further care of the patient. In the event such privileges are denied or he/she does not desire to request privileges, the patient shall be assigned to an appropriate member of the Association. For the purpose of this section, an "emergency" is defined as a condition in which a patient is in imminent danger of serious or permanent harm or death and any delay in administering treatment would add to that danger.

B. During a Disaster

In the case of a disaster where the Director, in consultation with the Chief Medical Officer or the Chief Executive Officer, has activated the Hospital's Emergency Medical Plan, the Director or the Chief Medical Officer may grant emergency clinical privileges to any licensed physician, podiatrist, clinical psychologist, or dentist, to the degree permitted by his/her license, who does not possess privileges at the Hospital and who indicates a willingness to provide patient care at the Hospital during the disaster. A practitioner applying for emergency privileges shall provide to the Chief Medical Officer at least one (1) of the following: (1) a current picture hospital identification card that clearly identifies the individual's profession, (2) a current license to practice and a valid picture ID issued by a state, federal or regulatory agency, (3) identification indicating that the presenting practitioner is a member of a Disaster Medical Assistance Team, (4) identification indicating that the presenting practitioner has been granted authority to render patient care in disaster circumstances, such authority having been granted by a federal, state, or municipal entity, or (5) presentation by current Association member(s) with personal knowledge regarding the presenting practitioner's identity.

Emergency privileges may be granted on a case-by-case basis following a review of the above documentation and other

requested information, if any. The Hospital shall begin primary source verification of the individual's licensure as soon as the immediate situation is under control and shall complete such review and make a determination on whether to continue emergency privileges within 72 hours of granting such privileges, except in extraordinary circumstances. In exercising emergency privileges, a practitioner shall act under the supervision of the chair of the department to which he/she is assigned and, if possible, shall be paired with an Association member who has a similar specialty. When the disaster no longer exists, as determined by the Director in consultation with the Chief Medical Officer, a practitioner's emergency privileges shall automatically terminate, and the practitioner must request the privileges necessary to continue to treat patients and shall defer to the appropriate department chair with respect to further care of patients. In addition, the Director, on his/her own initiative or upon the recommendation of the President of the Association, the Chief Medical Officer, or the chair of the concerned department, may terminate immediately a practitioner's emergency privileges for any reason or no reason at all, and the practitioner shall not be entitled to a hearing and appellate review under Article VII.

SECTION 4. TELEMEDICINE

Any person who desires to diagnose or treat patients via telemedicine link (e.g., telephone, e-mail, etc.) must apply for and be granted specific clinical privileges which allow for exercise by telemedicine link in accordance with these bylaws. Each department shall determine which clinical privileges, if any, of the department may be performed via telemedicine link.

ARTICLE VI

CORRECTIVE ACTION

SECTION 1. ROUTINE CORRECTIVE ACTION

- A. Whenever a practitioner with clinical privileges engages in any act, statement, demeanor, or professional conduct, either within or outside the Hospital, which is or is reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care, (2) disruptive or deleterious to the operations of the Hospital or improper use of Hospital resources, (3) below applicable professional standards or (4) contrary to the Association's bylaws, rules or regulations, then corrective action against such practitioner may be requested by any officer of the Association, by the chair of any department, by the chair of any standing committee of the Association, by the Chief Medical Officer, by the Chief Executive Officer, by the Chief Medical Officer of Health Services or by the Director, upon the complaint, request, or suggestion of any person. All requests for corrective action shall be in writing, shall be made to the Executive Committee, and shall be supported by reference to the specific activities or conduct, which constitute the grounds for the request.
- B. Whenever corrective action is requested, the Executive Committee shall forward such request to the chair of the department wherein the practitioner has such privileges. Upon receipt of such request, the chair of the department shall immediately appoint an ad hoc committee to investigate

the matter.

- C. Within thirty (30) days after the department's receipt of the request for corrective action, the department shall make a written report of its investigation to the Executive Committee. Prior to making such report, the practitioner against whom corrective action has been requested shall be offered an opportunity to appear for an interview at a reasonable time with the departmental ad hoc investigating committee. At such interview, the practitioner shall be informed of the general nature of the charges against him/her and shall be invited to discuss, explain or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall apply to such interview. A record of such interview shall be made by the department and included with its report to the Executive Committee.
- D. Whenever the request for corrective action is directed against the chair of a department, the Executive Committee shall appoint an ad hoc investigating committee which shall perform all the functions of the departmental ad hoc investigating committee as described in Subsections B and C above.
- E. Within sixty (60) days following the receipt of the departmental ad hoc investigating committee's report, the Executive Committee shall take action upon the request for corrective action. In all cases, the affected practitioner shall be permitted to make an appearance at a reasonable time before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply to such appearance. A record of such appearance shall be made by the Executive Committee and included in its recommendation to the Director.
- F. The action of the Executive Committee on a request for corrective action shall be to make a recommendation to the Director. Such recommendation shall include one or more of the following:
 - 1. Rejection of the request for corrective action;
 - 2. Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chair from issuing informal written or oral warnings outside the corrective action process;
 - 3. Imposition of terms of probation or special limitations on continued Association membership or exercise of clinical privileges, including, but not limited to, a requirement for consultation or proctoring;
 - 4. Reduction or revocation of clinical privileges;
 - 5. Termination, modification, or ratification of an already imposed summary suspension of clinical privileges;
 - 6. Suspension of clinical privileges until satisfactory completion of specific conditions or requirements;
 - 7. Suspension of Association membership until satisfactory completion of specific conditions or requirements;
 - 8. Revocation of Association membership;

9. Refer the member to the Wellbeing of Practitioners Committee for evaluation and such further actions as are appropriate;
 10. Other actions appropriate to the facts, including but not limited to, required reports to the Medical Board of California or other appropriate State licensing agency and/or to the National Practitioner Data Bank.
- G. The President of the Association shall promptly notify the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director, in writing, of all requests for corrective action received by the Executive Committee and shall continue to keep the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director fully informed of all actions taken in connection therewith. After the Executive Committee has made its recommendation in the matter to the Director, the Director shall render a decision within thirty (30) days and shall notify the practitioner in person or by registered or certified mail, return receipt requested. Thereafter, the procedure to be followed shall be as provided in Article VII.
- H. If the Governing Body determines that the Executive Committee has failed to initiate an investigation on a request for corrective action or to recommend disciplinary action, and that such failure is contrary to the weight of evidence, the Governing Body may direct the Executive Committee to initiate an investigation or recommend disciplinary action, but only after consultation with the Executive Committee and the Director. In the event the Executive Committee or the Director fail to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee and the Director in writing, shall have the authority to take action on its own initiative against the practitioner and assume all the rights and responsibilities of the Executive Committee and the Director as provided in this Article VI.

SECTION 2. SUMMARY SUSPENSION

- A. The President of the Association, the chair of any department, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, or the Director shall have the authority, whenever immediate action must be taken to reduce a substantial likelihood of imminent impairment to the health or safety of any patient, any prospective patient, any employee, or any other person present in the Hospital, to recommend to the Director that all or any portion of the clinical privileges of a practitioner be summarily suspended, and such summary suspension shall become effective immediately upon imposition by the Director; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of a practitioner for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.
- B. Notwithstanding any other provision of these bylaws, when no person or body authorized by these bylaws is available to summarily suspend clinical privileges, the Governing Body or

its designee may temporarily suspend all or any portion of the clinical privileges of a practitioner where there is a substantial likelihood of imminent impairment to the health or safety of any person so long as the Governing Body has, before the suspension, made reasonable attempts to contact the Executive Committee and the Director. A summary suspension by the Governing Body which has not been ratified by the Executive Committee and the Director within two working days (excluding weekends and holidays) after the suspension, shall automatically terminate; provided that additional such summary suspensions may be imposed by the Governing Body, not to exceed a total of ten (10) working days for the entire period of the summary suspension, if the Executive Committee is unable to meet to ratify the summary suspension.

- C. A summary suspension shall become effective immediately upon imposition, and the person or body responsible therefore shall promptly give oral or written notice of the summary suspension to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. The notice of suspension given to the Executive Committee shall constitute a request for corrective action, and the corrective action process set forth in Section 1 of this Article VI shall be followed. The summary suspension shall continue in effect during the pendency of the corrective action process and of the hearing and appellate review process under Article VII unless the summary suspension is previously terminated as provided in these bylaws
- D. A practitioner whose clinical privileges have been summarily suspended shall not be entitled to request a hearing on the matter under Article VII until after the corrective action process set forth in Section 1 of this Article VI has been complied with and the Director has taken action under the corrective action process pursuant to Section 1(G) of this Article VI, and then only if the action taken constitutes grounds for a hearing under Article VII.
- E. Immediately upon the imposition of a summary suspension, the Director, the Chief Medical Officer or responsible department chair shall have authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the Hospital at the time of such suspension.

SECTION 3. AUTOMATIC SUSPENSION

A. General:

In the circumstances described in Sections 3 (B), 3 (C), 3 (D), and 3 (E), a practitioner's Association membership and/or clinical privileges shall be terminated, suspended, or limited, as described, which action shall be final and shall not be subject to a hearing or appellate review under Article VII, except where a dispute exists as to whether the circumstances have occurred.

B. License:

1. Revocation or Expiration: Whenever a practitioner's license authorizing him/her to practice in this State is revoked or has expired, his/her Association membership and clinical privileges shall be immediately and automatically terminated.

2. Restriction: Whenever a practitioner's license

authorizing him/her to practice in this State is limited or restricted by the applicable licensing authority, those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.

3. Suspension: Whenever a practitioner's license authorizing him/her to practice in this State is suspended by the applicable licensing authority, his/her Association membership and clinical privileges shall be automatically suspended effective upon and for at least the term of the license suspension.

4. Probation: Whenever a practitioner is placed on probation by the applicable licensing authority, his/her applicable Association membership status and clinical privileges shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.

C. Drug Enforcement Administration Certificate:

1. Revocation or Expiration: Whenever a practitioner's Drug Enforcement Administration (DEA) certificate is revoked or has expired, he/she shall immediately and automatically be divested of his/her right to prescribe medications covered by the certificate.

2. Restriction: Whenever a practitioner's Drug Enforcement Administration certificate is limited or restricted, his/her right to prescribe medications within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.

3. Suspension: Whenever a practitioner's DEA certificate is suspended, he/she shall automatically be divested, at a minimum, of his/her right to prescribe medications covered by the certificate effective upon and for at least the term of the suspension.

4. Probation: Whenever a practitioner's DEA certificate is subject to an order of probation, his/her right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.

D. Exclusion from participation in the Medicare, Medicaid and Federal health care programs:

Whenever a practitioner is excluded from participation in the Medicare, Medicaid, and all Federal health care programs, his/her Association membership and clinical privileges shall be immediately and automatically terminated.

E. Insurance:

For any failure to maintain the programs of insurance as described in Article XIV, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Chief Medical Officer that he/she has secured such programs of insurance in the amounts required. Any failure to provide such evidence within three (3) months after the date the

automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Association membership.

F. Incomplete Medical Records:

Members are required to complete medical records within the time prescribed in the relevant Rules and Regulations and/or Hospital policies. Failure to timely complete medical records shall result in an automatic suspension after notice is given as provided in the Rules. Such suspension shall apply to the member's right to admit, treat or provide services to new patients in the Hospital, but shall not affect the right to continue to care for a patient the member has already admitted or is treating. The suspension shall continue until the delinquent medical records are completed.

G. As soon as practicable after action is taken as described in Section 3 (B), Subsections 2, 3, or 4, or in Section 3 (C) or (D) of this Article VI, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee, or any other person or body authorized by these bylaws to request corrective action, may request additional corrective action based upon information disclosed or otherwise made available, and in such event, the corrective action process set forth in Section 1 of this Article VI shall be followed as to such additional corrective action. Except as to any such additional corrective action, the affected practitioner shall not be entitled to a hearing and appellate review under Article VII.

H. Whenever a practitioner's clinical privileges are automatically suspended or restricted in whole or in part, notice of such suspension shall be given to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. However, the giving of such notice shall not be required in order for any automatic suspension or restriction to become effective. Upon the effective date of an automatic suspension or restriction, the Director, the Chief Medical Officer, or the responsible department chair shall have the authority to provide for alternative medical coverage for the patients of the suspended or restricted practitioner still in the Hospital at the time of such suspension or restriction.

SECTION 4. EXHAUSTION OF REMEDIES

If any routine corrective action, summary suspension, or automatic suspension, as set forth in Sections 1, 2 and 3 of this Article VI, is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

ARTICLE VII

HEARING AND APPELLATE REVIEW PROCEDURE

SECTION 1. DEFINITIONS

A. "Body whose decision prompted the hearing" means the person who, or body which, pursuant to the Association bylaws, rules and regulations, rendered the decision which resulted

in a hearing being requested.

- B. "Notice" means a written communication sent by certified or registered mail, return receipt requested.
- C. "Person who requested the hearing" means the applicant or Association member, as the case may be, who has requested a hearing pursuant to Section 2 of this Article VII.

SECTION 2. REQUEST FOR HEARING

- A. In all cases in which the person or body which under these bylaws has the authority to take, and pursuant to this authority has taken, any of the actions constituting grounds for hearing as set forth in Subsection B of this Section 2, the applicant or Association member, as the case may be, shall promptly be given notice. Such applicant or member shall have fifteen (15) days following the date of the receipt of such notice within which to request a hearing by the Judicial Review Committee hereinafter referred to. Such request shall be by notice to the Chief Medical Officer. In the event the applicant or member does not request a hearing within the time and in manner set forth in this subsection, he/she shall be deemed to have accepted the action involved, and it shall thereupon become effective immediately, subject to Article XVIII.
- B. Except as otherwise provided in these bylaws, any one or more of the following actions shall constitute grounds for a hearing:
 - 1. Denial of Association membership;
 - 2. Denial of requested advancement in Association membership category;
 - 3. Denial of Association reappointment;
 - 4. Demotion to lower Association membership category;
 - 5. Suspension of Association membership;
 - 6. Revocation of Association membership;
 - 7. Denial of requested privileges;
 - 8. Involuntary reduction of privileges;
 - 9. Suspension of privileges;
 - 10. Termination of privileges;
 - 11. Requirement of consultation;
 - 12. Any other action which requires a report to be made to the Medical Board of California or other appropriate State licensing agency pursuant to California Business and Professions Code Section 805.
- C. Upon receipt of a request for hearing, the Chief Medical Officer shall deliver such request to the Executive Committee at its next regular or special meeting, if a special meeting is deemed necessary by the President of the Association. The Executive Committee shall, within fifteen (15) days after receipt of such request, schedule and arrange for a hearing. The date of the commencement of the hearing shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request by the Chief Medical Officer for a hearing; provided that when the request is received from a member who is under suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed fifteen (15) days from the date of receipt of the request for hearing by the Chief Medical Officer.
- D. As a part of, or together with, the notice of hearing, the Executive Committee shall state in writing, in concise language, the acts or omissions with which the applicant or

Association member is charged, a list of charges by chart number under question, or the reasons for the denial of the application or request of the applicant or Association member. If either party, by notice, requests a list of witnesses, then each party within fifteen (15) days of such request shall furnish to the other a list, in writing, of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence in support of that party at the hearing.

- E. When a hearing is requested, the Executive Committee shall appoint a Judicial Review Committee which shall be composed of not less than five (5) members of the Active Staff who shall not have actively participated in the consideration of the matter involved at any previous level. Such appointment shall include designation of the chair. Knowledge of the particular matter on appeal shall not preclude a member from serving as a member of the Judicial Review Committee.
- F. Failure, without a showing of good cause by the person requesting the hearing, to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions involved which shall become final and effective immediately, subject to Article XVIII.
- G. Postponements and extensions of time beyond the time expressly permitted in these bylaws may be requested by anyone but shall be permitted by the Judicial Review Committee or its chair acting upon its behalf only on a showing of good cause.
- H. Within fifteen (15) days after final adjournment of the hearing [provided that in the event the member is currently under suspension, this time shall be ten (10) days], the Judicial Review Committee shall render a decision which shall be accompanied by a report in writing to the body whose decision prompted the hearing, to the Executive Committee, and to the chair of the involved department. The decision of the Judicial Review Committee shall be to affirm, modify, or reverse the decision of the body whose decision prompted the hearing. In all cases, a copy of such decision and report shall be forwarded to the Director. The report shall contain a concise statement of the reasons justifying the decision made. At the same time, a copy of the decision and report shall be delivered to the person who requested the hearing by registered or certified mail, return receipt requested.
- I. The decision of the Judicial Review Committee shall be considered final, subject only to the right of appeal as provided in Section 4 of this Article VII.
- J. No person who requested the hearing shall be entitled to more than one (1) hearing on any single matter which may be the subject of a hearing.

SECTION 3. HEARING PROCEDURE

- A. Under no circumstances shall the hearing be conducted without the personal presence of the person requesting the hearing unless he/she has waived such appearance in writing or has failed without good cause to appear after appropriate notice.
- B. The hearings provided for in these bylaws are for the purpose of intra-professional resolution of matters bearing on conduct or professional competency. Accordingly, neither the person requesting the hearing, the Executive Committee, nor the Director shall be represented in any phase of the

hearing or appeals procedure by an attorney at law unless the Judicial Review Committee, in its sole discretion, permits both sides to be represented by legal counsel. The person requesting the hearing shall be entitled to be accompanied by and represented at the hearing only by a physician, dentist, podiatrist, or clinical psychologist who is licensed to practice in the State of California, who is not an attorney at law, and who, preferably, is a member in good standing of the Association. The body whose decision prompted the hearing may appoint a representative from the attending staff who shall present its decision and the materials in support thereof and examine witnesses.

- C. The presiding officer at the hearing shall be the hearing officer or, if none has been appointed in accordance with Subsection D of this Section 3, the chair of the Judicial Review Committee. The presiding officer shall act to ensure that all participants in the hearing have a reasonable opportunity to be heard, to present all oral and documentary evidence, and that decorum is maintained. He/she shall be entitled to determine the order of procedure during the hearing. He/she shall have the authority and discretion, in accordance with these bylaws, to make all rulings on questions which pertain to matters of the law and to the admissibility of evidence.
- D. At the request of the person who requested the hearing, the Executive Committee, the Judicial Review Committee or the Director, on his/her own request, the Director may appoint a hearing officer, who may be an attorney at law, qualified to preside at the hearing. He/she must not act as a prosecuting officer or as an advocate for the Hospital, the Director, the Executive Committee, or the body whose decision prompted the hearing. If requested by the Judicial Review Committee, he/she may participate in the deliberations of such body and be a legal advisor to it, but he/she shall not be entitled to vote.
- E. The Judicial Review Committee shall maintain a record of the hearing by one of the following methods: by a certified shorthand or stenographic reporter present to make a record of the hearing, or by a recording of the proceedings. The cost of any certified shorthand or stenographic reporter and any transcript shall be borne by the party requesting same. The Judicial Review Committee may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of California.
- F. At a hearing, both sides shall have the following rights: to ask Judicial Review Committee members questions which are directly related to determining whether they are impermissibly biased and to challenge such members, to call and examine witnesses, to introduce exhibits or other documents, to cross-examine any witness on any matter relevant to the issues, to impeach any witness, and to rebut any evidence. If the applicant or Association member does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination. Any challenge to one or more members of the Judicial Review Committee shall be resolved by the Committee prior to continuation of the hearing.
- G. The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation

of evidence. Any relevant evidence shall be admitted by the presiding officer if it is the sort of evidence on which responsible persons are accustomed to rely on in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Judicial Review Committee may request such a memorandum to be filed following the close of the hearing. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems it appropriate.

- H. The presiding officer shall have the discretion to take official notice of any matters, whether technical or scientific, relating to the issues under consideration which could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed, and they shall be noted in the record of the hearing. The person requesting the hearing shall have the opportunity to request that a matter be officially noticed or to refute the noticed matters by evidence or by written or oral presentation of authority. Reasonable additional time, not to exceed thirty (30) days, shall be granted, if requested, to present written rebuttal of any evidence submitted on official notice.
- I. The decision of the Judicial Review Committee shall be based on the evidence produced at the hearing. This evidence may consist of the following:
 - 1. Oral testimony of witnesses;
 - 2. Briefs or memoranda of points and authorities presented in connection with the hearing;
 - 3. Any materials contained in the Hospital or Association personnel files regarding the person who requested the hearing, which have been made a part of the hearing record;
 - 4. Any and all applications, references, medical records and other documents, which have been made a part of the hearing record;
 - 5. All officially noticed matters; and
 - 6. Any other admissible evidence.
- J. Except as otherwise required by law, at any hearing involving any of the grounds for hearing specified in Section 2, Subsection B, points I, ii, iii or vii of this Article VII, it shall be incumbent on the person who requested the hearing to initially come forward with evidence in support of his/her position. In all other cases specified in Section 2, Subsection B of this Article VII, it shall be incumbent on the body whose decision prompted the hearing to initially come forward with evidence to support its decision. Thereafter, the burden shall shift to the person who requested the hearing to come forward with evidence in his/her support. In all cases in which a hearing is conducted under this Article VII, after all the evidence has been submitted by both sides, the Judicial Review Committee shall rule against the person who requested the hearing unless it finds that such person has proven, by a preponderance of the evidence, that the action of the body whose decision prompted the hearing was arbitrary, unreasonable, not supported by the evidence, or otherwise unfounded.
- K. The presiding officer may adjourn the hearing and reconvene the same at the convenience of the participants without

special notice. Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Judicial Review Committee shall thereupon, outside of the presence of any other person, conduct its deliberations and render a decision and accompanying report, in the manner and within the time as provided in Section 2, Subsection H of this Article VII.

SECTION 4. APPEAL TO DIRECTOR

- A. Within fifteen (15) days after receipt of the decision of the Judicial Review Committee, either the person who requested the hearing or the body whose decision prompted the hearing may request an appellate review by the Director. Such request shall be to the Director, in writing, and shall be delivered either in person or by certified or registered mail, return receipt requested. If such appellate review is not requested within such period, both sides shall be deemed to have accepted the action involved, and it shall thereupon become final and shall be effective immediately, subject to Article XVIII. The written request of appeal shall also include a brief statement of the reasons for appeal.
- B. The grounds for appeal from the hearing shall be: (1) substantial failure of any person or body to comply with the procedures required by these bylaws in the conduct of the hearings and decisions upon hearings so as to deny due process and a fair hearing, or (2) the action taken by the Judicial Review Committee was arbitrary, capricious, with prejudice, or not supported by substantial evidence.
- C. In the event of any appeal to the Director, as set forth in the preceding Subsection B, the Director shall within fifteen (15) days after receipt of such notice of appeal, schedule and arrange for an appellate review. The Director shall cause the applicant or member to be given notice of the time, place, and date of the appellate review. The date of the appellate review shall not be less than thirty (30) days, nor more than sixty (60) days, from the date of receipt of the request for appellate review; provided that when a request for appellate review is from a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made and not to exceed thirty (30) days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Director upon a showing of good cause.
- D. When an appellate review is requested, the Director shall appoint an Appeal Board which shall be composed of an odd number of not less than five (5) Appeal Board members, one of whom shall be designated by the Director as chair. The Chief Medical Officer shall be an Appeal Board member. The remaining members shall be appointed from the administrative and/or attending staffs of the Hospital, or shall be other competent individuals, chosen at the discretion of the Director. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board.
- E. The proceedings of the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee, provided that the Appeal Board may, in its sole discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Judicial

Review Committee hearing. Each party shall have the right to present a written statement in support of his/her position on appeal, and in its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. At the conclusion of oral argument, if allowed, the Appeal Board may thereupon at a time convenient to itself conduct deliberations outside the presence of the appellant and respondent and their representatives. The Appeal Board, after its deliberations, shall recommend, in writing, that the Director affirm, modify, or reverse the decision of the Judicial Review Committee, or refer the matter back to the Judicial Review Committee for further review and recommendations.

- F. Within fifteen (15) days after receipt of the recommendations of the Appeal Board, the Director shall render a final decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified or registered mail, return receipt requested. The Director may affirm, modify or reverse the decision of the Judicial Review Committee or, in his/her sole discretion, refer the matter back to the Judicial Review Committee for further review and recommendations.
- G. Except where the matter is referred back to the Judicial Review Committee for further review and recommendation in accordance with Subsection For this Section 4, the final decision of the Director following the appeal procedures set forth in this Section 4, shall be effective immediately and shall not be subject to further review. If the matter is referred back to the Judicial Review Committee for further review and recommendation, such Committee shall promptly conduct its review and report back to the Director within thirty (30) days except as the parties may otherwise stipulate in writing to extend such period. Within fifteen (15) days after receipt of the Judicial Review Committee's recommendations, the Director shall render a decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee either in person or by certified or registered mail, return receipt requested. The Director may affirm, modify or reverse the decision of the Judicial Review Committee, and such decision shall be final and effective immediately and shall not be subject to further review.
- H. Except as otherwise provided in these bylaws, no applicant or Association member shall be entitled as a matter of right to more than one appeal to the Director on any single matter which may be the subject of an appeal.

SECTION 5. EXHAUSTION OF REMEDIES

If any action described in Subsection B of Section 2 of this Article VII is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

ARTICLE VIII

DEPARTMENTS AND DIVISIONS

SECTION 1. ORGANIZATION OF THE ASSOCIATION

- A. The Chief Medical Officer shall be responsible for the functioning of the clinical organization of the Hospital and shall keep or cause to be kept a careful supervision over

all the clinical work done in the Hospital.

- B. The Association shall be organized into departments, which are reflective of the scope of services provided within the Hospital. Each department shall have a chair who is supervised by the Chief Medical Officer and who shall be responsible for the overall supervision of the clinical, educational and research activities within his/her department. The departments may have one or more divisions, which shall be specifically delineated in these bylaws. To the extent any are established, each division shall be organized as a specialty within a department, shall be directly responsible to the department within which it functions, and shall have a division chief who is selected and has the authority, duties and responsibilities as specified in this Article VIII.

SECTION 2. CURRENT DEPARTMENTS AND DIVISIONS

- A. The current departments and divisions are:
1. Department of Emergency Medicine
 2. Department of Medicine, which shall include practitioners in the following fields: Cardiology, Dermatology, Endocrinology and Metabolic Diseases, Family Medicine, Gastroenterology, General Internal Medicine, Geriatrics and Gerontology, Hematology and Oncology, Infectious Diseases, Nephrology and Hypertension, Neurology, Psychiatry, Psychology, Critical Care Medicine, Pulmonary and Thoracic Diseases.
 3. Department of Ancillary Medicine which shall include practitioners from the following divisions: Radiology, Anesthesiology, and Pathology
 4. Department of Women's and Children's Health, which shall include practitioners in Obstetrics and Gynecology and Pediatrics
 5. Department of Surgery, which shall include practitioners in Dentistry, General Surgery, Head and Neck Surgery/Otolaryngology, , Orthopedics, Ophthalmology, Oral and Maxillofacial Surgery, Podiatry, and Urology.
 6. The Department of Medicine and the Department of Emergency Medicine shall meet jointly no less than once each quarter to address issues of common concern.
- B. CHANGES IN DEPARTMENTS AND DIVISIONS

Subject to the approval of the Director acting as the delegate of the Governing Body, the organization of the Association, as set forth in this Section 2, may be changed from time to time by the Executive Committee with the advice of Hospital Administration. Prior to taking action regarding any proposed change, the Executive Committee shall seek approval of the change at any annual or special Association meeting before the change becomes effective. Following Executive Committee action, such change shall be effective as a change to these bylaws, only upon approval by the Director, which approval shall not be withheld unreasonably. The President shall notify all members of the Association of any approved change. Notwithstanding the above, it shall be exclusively within the control and discretion of the Director and the Governing Body to establish the scope and venue of services provided within the Hospital, including, but not limited to, the creation, elimination, consolidation

or modification of specific departments of the Hospital.

SECTION 3. ASSIGNMENT TO DEPARTMENTS AND DIVISIONS

Each practitioner shall be assigned membership in at least one department and, if appropriate and applicable, a division, but may be granted membership and/or clinical privileges in one or more other departments or divisions. The exercise of privileges within each department shall be subject to the rules and regulations therein and to the authority of the department chair and, if appropriate, the division chief.

SECTION 4. FUNCTIONS OF DEPARTMENTS

- A. Each department shall establish its own criteria, consistent with the policies of the Hospital and the Association, for the granting and monitoring of clinical privileges in the department and reappointment to the Association, and such criteria must be approved by the Executive Committee.
- B. Each department shall propose, through its chair, rules and regulations for the department that will apply in practice the general principles set forth in these bylaws.
- C. Departments shall meet at least monthly to review and analyze on a peer group basis the ongoing monitoring and evaluation of the quality and appropriateness of the care and treatment provided to patients. Each department shall submit a monthly report to the Executive Committee detailing its review and analyses of patient care.
- D. Each department shall conduct performance improvement activities as described in the Hospital's Performance Improvement Program as approved by the Director.
- E. Each department shall establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to it.
- F. Each department shall conduct or participate in, and make recommendations regarding the need for, continuing education programs pertinent to changes in the state-of-the-art and to findings of review, evaluation and monitoring activities.

SECTION 5. FUNCTIONS OF DIVISIONS

After establishment in these bylaws, each division shall, upon the approval of the Executive Committee and the Director, perform the functions assigned to it by its department chair. Such functions may include, without limitation, retrospective patient care audit, the continuous monitoring of patient care practices, credentials review and privileges delineation, and continuing education programs. The division shall transmit regular reports to the department chair on the conduct of its assigned functions.

SECTION 6. RESPONSIBILITIES OF DEPARTMENT CHAIRS AND DIVISION CHIEFS

- A. Each department chair shall be responsible for the following:
 1. All clinical related activities in the department.
 2. All administrative related activities of the department unless otherwise provided by the Hospital.
 3. Serving as liaison between the departments and the Chief Medical Officer.
 4. The integration of the department into the primary functions of the Association.
 5. The coordination and integration of Interdepartmental And Intradepartmental services.
 6. The development and implementation of policies and procedures that guide and support the provision of services.
 7. The recommendations for a sufficient number of qualified and competent persons to provide care/services.

8. Continuing surveillance of the professional performance of all persons in the department who have delineated clinical privileges in the department.
 9. Recommending to the Executive Committee the criteria for clinical privileges that are relevant to the services provided in the department.
 10. Recommending clinical privileges for each applicant and member of the department.
 11. The determination of the qualifications and competence of departmental personnel who are not licensed independent practitioners.
 12. The continuous assessment and improvement of the quality of care and services provided.
 13. The maintenance of quality control programs, as appropriate.
 14. The orientation and continuing education of all persons in the department.
 15. Recommendations for space and other resources needed by the department.
 16. Assessing and recommending to the relevant Hospital authority off-site sources for needed patient care services not provided by the department or the Hospital.
 17. Assuring the departmental activities are considered for inclusion in the Hospital's performance improvement program.
 18. Performing such other duties as may from time to time be reasonably requested of him/her by the President of the Association, the Chief Medical Officer, the Executive Committee, the Chief Medical Officer of Health Services, or the Director.
- B. Each department chair shall be a member of the Executive Committee.
 - C. Each division chief, if any, shall be responsible for all professional, administrative and educational activities delegated to him/her within his/her division by the Chair of his/ department.

SECTION 7. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS AND DIVISION CHIEFS

The department chairs and division chiefs, if any, shall all be members of the Active Staff who are qualified by training, experience and demonstrated abilities to be the chair of the particular department or chief of the particular division and shall be willing and able to discharge the functions of chair of the particular department or chief of the particular division. They shall be board certified in a specialty or subspecialty of the particular department or particular division or be able to establish, through the privilege delineation process, that they possess comparable competence. They shall be appointed by the Director, upon the recommendation of the Chief Medical Officer. Each department chair and division chief shall serve until his/her successor is appointed, unless he/she shall sooner resign or be removed. Removal of a department chair or division chief shall be effected by the Director acting either on his/her own initiative following consultation with the Chief Medical Officer and the President, or on the recommendation of the Chief Medical Officer or the Executive Committee.

ARTICLE IX

OFFICERS

SECTION 1. OFFICERS OF THE ASSOCIATION

A. OFFICERS OF THE ASSOCIATION

The elected officers of the Association shall be:

1. President
2. Vice-President
3. Secretary/Treasurer

- B. The Chief Medical Officer shall be an ex-officio officer of the Association shall also be a voting member.

SECTION 2. QUALIFICATIONS

Elected officers must be members of the Active Staff at the time of nomination and election and must remain Active Staff members in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

SECTION 3. ELECTION

- A. The President, Vice President and Secretary/Treasurer shall be elected for a one (1) year term at the annual Association meeting. Only Active Staff members of the Association shall be eligible to vote. Election shall be by simple majority of the votes cast.
- B. The voting shall be by written ballot. In the event that there are three (3) or more candidates for office and no candidate receives a majority, there shall be successive balloting such that the name of the candidate receiving fewest votes is omitted from each successive slate until a simple majority vote is obtained by one (1) candidate. If two (2) candidates have the same number of least votes, both shall be omitted from the successive slate.
- C. The nominating committee shall consist of five (5) members of the Association including the immediate past-president of the Association and four (4) from the Active Staff, appointed by the President of the Association at least two (2) months prior to the date of the annual meeting. This committee shall offer one or more nominees for each of the elected offices. The report of this committee shall be appended to the announcement calling for the annual Association meeting.
- D. Nominations may also be made by petition signed by at least ten (10) members of the Active Staff, accompanied by written consent of the nominee(s) and filed with the Secretary at least ten (10) days prior to the annual meeting. In this event, the Secretary shall promptly advise the membership of the additional nomination(s) by mail.

SECTION 4. TERM OF OFFICE

Each elected officer shall serve a one (1) year term or until a successor is elected. Nothing contained herein shall preclude an individual from being elected to the same office for two consecutive terms. Officers shall take office on the first day of the Association Year following the election of the President.

SECTION 5. REMOVAL OF ELECTED AND EX-OFFICIO OFFICERS

Except as otherwise provided, removal of an elected officer may be effected by the Executive Committee acting upon its own initiative or by a two-thirds vote of the members eligible to vote for officers. Removal of an elected officer may be based only upon failure to meet qualifications, as described in Section 2 of this Article IX, or failure to perform the duties of the elected office as described in these bylaws. Removal of an ex-officio officer shall be effected by the Director acting on his/her own initiative.

SECTION 6. VACANCIES IN OFFICE

Vacancies in office, other than that of President, shall be filled by the Executive Committee. If there is a vacancy in the office of President, the Vice President shall serve out the remaining term, and the Executive Committee shall appoint a new Vice President.

SECTION 7. DUTIES OF OFFICERS

A. PRESIDENT: The President shall:

1. Act in coordination and cooperation with the Director, the Chief Medical Officer of Health Services, the Chief Executive Officer, the Chief Medical Officer, in all matters of concern within the Hospital.
2. Preside at all meetings of the Association.
3. Serve as chair of the Executive Committee.
4. Serve as ex officio member of all other Association committees.
5. Be responsible, in conjunction with the Chief Medical Officer, for the enforcement of the Association bylaws, rules and regulations, and for the Association's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
6. Appoint, in consultation with the Chief Medical Officer and with approval of the Executive Committee, committee members and officers to all standing Association committees as listed in Article X except as otherwise provided in Article X.
7. Represent the views, policies, needs and grievances of the Association to the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Chief Medical Officer.
8. Be spokesman for the Association.
9. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.

B. VICE PRESIDENT

The Vice President, in the absence of the President, he/she shall assume all duties and authority of the President. He/she shall be the vice-chair of the Executive Committee and shall perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, or by the Director.

C. SECRETARY/TREASURER: The Secretary/Treasurer shall:

1. Keep accurate and complete minutes of all Association meetings and perform other secretarial functions.
- 2.
- 3.
- 4.

APPROVED by the Professional Staff Association on May 21, 2007.

[Signature]

Chat V. Dang, M.D.
President - Professional Staff Association

APPROVED by the Chief Medical Officer on May 21, 2007.

[Signature]

Roger Peeks, M.D.
Chief Medical Officer

APPROVED by the Chief Executive Officer on May 21, 2007.

[Signature]

Antionette Smith Epps
Chief Executive Officer - Los Angeles County
Martin Luther King, Jr-Harbor Hospital

APPROVED by the Director and Chief Medical Officer of Health Services

I hereby certify that pursuant to
Section 25103 of the Government Code,
delivery of this document has been made.

on May 29, 2007.

SACHI A. HAMAI
Executive Officer
Clerk of the Board of Directors

[Signature]
Bruce Chernof M.D.
Director and Chief Medical Officer of Health Services
Los Angeles County Department of Health Services

By *[Signature]*



APPROVED by the Governing Body on May 29, 2007.

[Signature]

Zev Yaroslowsky,
Chair of the Board of Supervisors of Los Angeles County

TO FORM:
Raymond G. Fortner, Jr.
Chief Deputy County Counsel

By *[Signature]*
Anita D. Lee
Principal Deputy County Counsel

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

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MAY 29 2007

[Signature]
SACHI A. HAMAI
EXECUTIVE OFFICER

APPROVED by the Professional Staff Association on May 21, 2007.

Chat V. Dang

Chat V. Dang, M.D.
President - Professional Staff Association

APPROVED by the Chief Medical Officer on May 21, 2007.

Roger Peek

Roger Peek, M.D.
Chief Medical Officer

APPROVED by the Chief Executive Officer on May 21, 2007.

Antionette Smith Epps

Antionette Smith Epps
Chief Executive Officer - Los Angeles County
Martin Luther King, Jr-Harbor Hospital

APPROVED by the Director and Chief Medical Officer of Health Services

on May 29, 2007.

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Executive Officer
Clerk of the Board of Directors

Bruce Chernof M.D.
Director and Chief Medical Officer of Health Services
Los Angeles County Department of Health Services

By *[Signature]*
Deputy

APPROVED by the Governing Body on May 29, 2007.

Zev Yaroslowsky

Zev Yaroslowsky,
Chair of the Board of Supervisors of Los Angeles County

APPROVED AS TO FORM:
Raymond G. Fortner, Jr.
Chief Deputy County Counsel

By Anita D. Lee
Principal Deputy County Counsel

ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

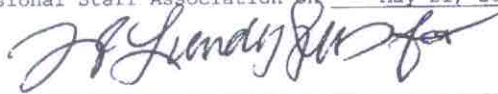
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MAY 29 2007

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

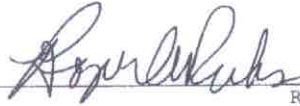


APPROVED by the Professional Staff Association on May 21, 2007.



Chat V. Dang, M.D.
President - Professional Staff Association

APPROVED by the Chief Medical Officer on May 21, 2007.



Roger Peek, M.D.
Chief Medical Officer

APPROVED by the Chief Executive Officer on May 21, 2007.



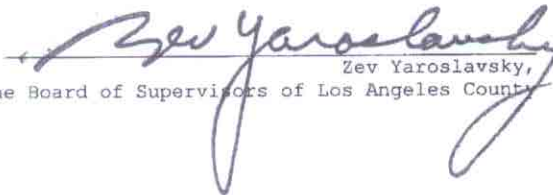
Antionette Smith Epps
Chief Executive Officer - Los Angeles County
Martin Luther King, Jr-Harbor Hospital

APPROVED by the Director and Chief Medical Officer of Health Services
on May 29, 2007.



Bruce Chernof M.D.
Director and Chief Medical Officer of Health Services
Los Angeles County Department of Health Services

APPROVED by the Governing Body on May 29, 2007.



Zev Yaroslavsky,
Chair of the Board of Supervisors of Los Angeles County

APPROVED AS TO FORM:
Raymond G. Fortner, Jr.
Chief Deputy County Counsel

By _____
Anita D. Lee
Principal Deputy County Counsel

I hereby certify that pursuant to
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SACHI A. HAMAI
Executive Officer
Clerk of the Board of Directors

By  Deputy



ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

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MAY 29 2007



SACHI A. HAMAI
EXECUTIVE OFFICER

APPROVED by the Professional Staff Association on May 21, 2007.



Chat V. Dang, M.D.
President - Professional Staff Association

APPROVED by the Chief Medical Officer on May 21, 2007.



Roger Peek, M.D.
Chief Medical Officer

APPROVED by the Chief Executive Officer on May 21, 2007.



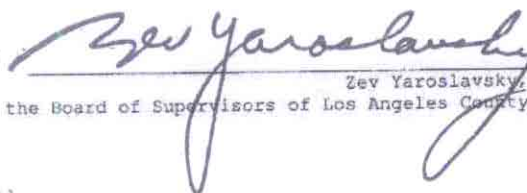
Antionette Smith Epps
Chief Executive Officer - Los Angeles County
Martin Luther King, Jr-Harbor Hospital

APPROVED by the Director and Chief Medical Officer of Health Services
on May 29, 2007.




Bruce Chernof M.D.
Director and Chief Medical Officer of Health Services
Los Angeles County Department of Health Services

APPROVED by the Governing Body on May 29, 2007.



Zev Yaroslavsky
Chair of the Board of Supervisors of Los Angeles County

APPROVED AS TO FORM:
Raymond G. Fortner, Jr.
Chief Deputy County Counsel

By 
Anita D. Lee
Principal Deputy County Counsel

I hereby certify that pursuant to
Section 25103 of the Government Code,
delivery of this document has been made.

SACHI A. HAMAI
Executive Officer
Clerk of the Board of Directors

By 
Deputy



ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

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MAY 29 2007


SACHI A. HAMAI
EXECUTIVE OFFICER

Draft dated May 7

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BYLAWS

OF THE

PROFESSIONAL STAFF ASSOCIATION

OF THE LOS ANGELES COUNTY

MARTIN LUTHER KING, JR-HARBOR HOSPITAL

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MEDICAL CENTER

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PREAMBLE

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The purposes of the Professional Staff Association of the Los Angeles County
Martin Luther King, Jr., Harbor Hospital shall be to maintain, subject to the
ultimate authority and responsibility of the Los Angeles County Board of
Supervisors, professional standards for health services rendered to patients
in the Los Angeles County Martin Luther King, Jr., Harbor Hospital; to function
as the single organized professional staff that has overall responsibility,
subject to the ultimate authority and responsibility of the Los Angeles County
Board of Supervisors, for the quality of the professional services provided by
persons with clinical privileges as well as the responsibility of accounting
therefore to the Los Angeles County Board of Supervisors; to ensure that all
patients receive high quality care; to offer a means of prompt and efficient
cooperation with the Administration of the Hospital, the Chief Medical
Officer of Health Services, the Director of the Department of Health
Services, the Los Angeles County Board of Supervisors, and Los Angeles County
professional associations and schools; and to stimulate professional and
scientific contributions by members of Professional Staff Association to
increase the value of the Hospital, as a training institution for members of
the Professional Staff Association, technicians and nurses, as well as
members of the medical, dental and ancillary professions at large. In
establishing these bylaws, the Professional Staff Association, as well as the
Los Angeles County Board of Supervisors acknowledge that the provision of
quality medical care in the Hospital depends on the mutual accountability,
interdependence and responsibility of the medical staff, hospital
administration and the governing body for the proper performance of their
respective obligations.

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medical students

DEFINITIONS

1. HOSPITAL means the Los Angeles County Martin Luther King, Jr.-Harbor Hospital.
2. GOVERNING BODY means the Board of Supervisors of Los Angeles County.
3. DIRECTOR means the Director of the County Department of Health Services delegated by the Governing Body to act on its behalf in the overall management of Department of Health Services' hospitals and clinics, one of which is the Hospital.
4. CHIEF MEDICAL OFFICER OF HEALTH SERVICES means the administrator, whose title is Chief Medical Officer of Health Services, appointed by the Director to act on behalf of the Director in the overall management of Department of Health Services' hospitals and clinics.
5. CHIEF EXECUTIVE OFFICER or ADMINISTRATOR means the person, whose title is Chief Executive Officer, appointed by the Director to act on behalf of the Director in the overall management of the Hospital.
6. CHIEF MEDICAL OFFICER means the physician, whose title is Chief Medical Officer, appointed by the Director to act on behalf of the Chief Executive Officer in the management and attending staff coordination of the medical and professional affairs of the Hospital.
7. PHYSICIAN means an individual who is a graduate of an approved school of medicine or osteopathy and who is licensed to practice medicine in the State of California.
8. DENTIST means an individual who is a graduate of an approved school of dentistry and who is licensed to practice dentistry and/or perform oral surgery in the State of California.
9. PODIATRIST means an individual who holds a D.P.M. degree conferred by an approved school and who is licensed to practice podiatry in the State of California.
10. CLINICAL PSYCHOLOGIST means an individual who holds an appropriate doctorate degree conferred by an approved school and who is licensed to practice clinical psychology in the State of California.
11. ATTENDING STAFF means all physicians, podiatrists, dentists, and clinical psychologists who attend or consult regarding patients at the Medical Center regardless of whether such persons are County Civil Service classified or unclassified employees, Association members, or holders of temporary or emergency privileges.
12. DEPARTMENT means those specialties recognized by the American Board of Medical Specialties when such specialties are granted such status under these bylaws. Dentistry may also be designated as a department. A department may include one or more divisions.
13. DIVISION means those subdivisions of departments, designated under these bylaws, which may or may not be recognized as specialties by the American Board of Medical Specialties.
14. ALLIED HEALTH PROFESSIONAL means an individual other than a physician, podiatrist, dentist, or clinical psychologist, who exercises independent judgment within the areas of his/her professional competence and the limits established by the department, Association, and applicable law,

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- 362 who is qualified to render direct or indirect patient care under the
 363 supervision of an Association member, and who is licensed, and has been
 364 | accorded privileges, to provide such care in the Hospital. ----- Deleted: Medical Center
 365
- 366 15. ASSOCIATION means the formal organization of licensed physicians,
 367 | dentists, podiatrists, and clinical psychologists at the Hospital which ----- Deleted: Medical Center
 368 | is formally known as the Professional Staff Association of the Los
 369 | Angeles County Martin Luther King, Jr.-Harbor Hospital. 16. EXECUTIVE
 370 | COMMITTEE means the Executive Committee of the Association. ----- Deleted: ./Charles R. Drew
 371 | Medical Center.¶
- 372 17. PRACTITIONER means, unless otherwise expressly limited, any physician,
 373 | dentist, podiatrist, or clinical psychologist who is applying for or
 374 | exercising clinical privileges in the Hospital, and if appropriate in ----- Deleted: Medical Center
 375 | context, any allied health professional.
- 376
- 377 18. CLINICAL PRIVILEGES or PRIVILEGES means the permission granted to a
 378 | practitioner to render specific diagnostic, therapeutic, medical,
 379 | dental, podiatric, surgical, or clinical psychological services at the
 380 | Medical Center.
- 381
- 382 19. ASSOCIATION YEAR means the period from the first day of July to the last
 383 | day of June, inclusive.
- 384
- 385 20. PRESIDENT means the President of the Association.
- 386
- 387 | CHIEF NURSING OFFICER means the nurse, whose title is Chief Nursing Officer, ----- Deleted: 21. PROFESSIONAL
 388 | appointed by the Director. ----- Deleted: SCHOOL means the College of
 389 | ----- Deleted: Medicine of the Charles R.
 390 | ----- Deleted: Drew University of Medicine
 391 | ----- Deleted: and Sciences.¶
 392 | ----- Deleted: ¶
 393 | ----- Deleted: 22. DEAN means the Dean of
 394 | ----- Deleted: the Professional School, who
 395 | ----- Deleted: is also the Chief Academic
 396 | ----- Deleted: Officer of the Professional
 397 | ----- Deleted: School.¶
 398 | ----- Deleted: ¶
- 399 23. EX-OFFICIO OFFICER or MEMBER means a person who is automatically
 400 | entitled to a position on a committee, for as long as he or she holds a
 401 | certain office and shall not have voting rights.
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ARTICLE I

NAME

The name of this organization shall be the Professional Staff Association of the Los Angeles County Martin Luther King, Jr.-Harbor Hospital.

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ARTICLE II

MEMBERSHIP

SECTION 1. NATURE OF MEMBERSHIP

- A. Membership in the Association is a privilege which shall be extended only to professionally competent and licensed physicians, podiatrists, dentists, and clinical psychologists, who continuously meet the qualifications, standards, and requirements set forth in these bylaws.
- B. Physicians, dentists, podiatrists, and clinical psychologists employed by the Hospital in a purely administrative capacity with no clinical duties are subject to the regular personnel policies of the Hospital and need not become members of the Association.
- C. Physicians, dentists, podiatrists, and clinical psychologists whose duties include clinical responsibilities or functions involving their professional capabilities, are eligible to apply for membership in the Association. Persons in medico-administrative positions who desire Association membership and/or privileges are subject to the same requirements as all other applicants for Association membership or privileges.
- D. -----
- E. Membership in the Association is separate and distinct from any individually granted clinical privileges, and Association membership shall not automatically confer any clinical privileges, and appointment to Association membership shall confer only those clinical privileges which have been granted in accordance with these bylaws.
- F. No practitioner who is not a County Civil Service classified employee shall admit or provide any health services to any patient in the Hospital unless and until the practitioner becomes a member of the Association or has been granted temporary privileges in accordance with these bylaws.
- G. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner, who has any contract with the County to provide health services at the Hospital, or who provides health services at the Hospital under the contract of a non-County entity, shall automatically terminate on the date of expiration or termination of such contract, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her Association membership and clinical privileges to the extent necessary for any employment at the Hospital as a County classified employee.
- H. Notwithstanding any other provision of these bylaws, if a

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practitioner, who provides health services at the Hospital under the contract of a non-County entity, has his/her authority to provide such services limited or restricted by such non-County entity, then those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated on the date, if any, that the Executive Committee, in its sole discretion, approves in writing such termination, and the practitioner shall not be entitled to a hearing and appellate review under Article VII, provided that the practitioner shall retain his/her clinical privileges to the extent necessary for any employment at the Hospital as a County Civil Service classified employee.

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- I. Notwithstanding any other provision of these bylaws, the Association membership and clinical privileges of any practitioner who is a County Civil Service employee, whether classified or unclassified, shall automatically terminate on the date of termination of County employment or on the date that the practitioner transfers or is assigned to another County facility, unless prior to such applicable date, the Executive Committee, after receiving a written request from the employee, in its sole discretion, does not approve in writing such termination. The practitioner shall not be entitled to a hearing and appellate review under Article VII.

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SECTION 2. QUALIFICATIONS FOR MEMBERSHIP

Only physicians, podiatrists, dentists, and clinical psychologists licensed to practice in the State of California who can document their background, experience, training, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), and demonstrated competence, their adherence to the ethics of their profession, their good reputation, their current physical and mental health status, and their ability to work with others, with sufficient adequacy to demonstrate to and assure the Association and the Director that they are professionally and ethically competent and qualified and that any patient treated by them in the Hospital will be given a high quality of care, shall be qualified for membership in the Association. No physician, podiatrist, dentist, or clinical psychologist shall be entitled to membership in the Association or to the exercise of any clinical privileges in the Hospital merely by virtue of the fact that he/she is duly licensed to practice medicine, podiatry, dentistry, or clinical psychology in this or any other state, or that he/she is a member of any professional organization, or that he/she had in the past, or presently has, such privileges at another hospital.

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SECTION 3. CONDITIONS AND DURATION OF APPOINTMENT

- A. Initial appointments and reappointments to the Association shall be made by the Director. The Director shall act on appointments, reappointments, or suspension or revocation of appointments only after there has been a recommendation from the Executive Committee as provided in these bylaws, provided that in the event of unwarranted delay on the part of the Executive Committee, the Director may act without such recommendation on the basis of documented evidence of the applicant's or Association member's professional and ethical qualifications obtained from reliable sources other than the Executive Committee.
- B. Except as otherwise provided in Section 3 of Article III, initial appointments shall be provisional for a maximum period of six (6) months. Prior to the conclusion of the provisional period, the

appropriate department chair shall recommend to the Credentials Committee which shall recommend to the Director through the Executive Committee the removal of provisional status and appointment to the Active Staff, Consulting Staff, or Courtesy Staff, as appropriate, or the termination of the appointment. Initial appointments and any reappointments shall each be for a period of not more than twenty-four (24) months.

C. Appointment to the Association shall confer on the appointee only those clinical privileges as have been granted by the Director in accordance with these bylaws.

D. Every application for membership shall be signed by the applicant and shall contain the applicant's specific acknowledgment of every member's obligation to abide by the Association bylaws, rules and regulations, and applicable Governing Body policies; to accept committee assignments; to accept consultation assignments; and where applicable by reason of medical, surgical, podiatric, dental, or clinical psychological privileges being sought, to provide proper care and supervision of his/her patients; to participate in staffing, special care units; to participate in the quality assessment and improvement and peer review activities of the departments and divisions.

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Deleted: ; and to acknowledge that all patients of the Medical Center should be a part of the established educational program.

SECTION 4. NONDISCRIMINATION

No applicant shall be denied Association membership or clinical privileges on the basis of age, gender, race, creed, color, national origin, or any other criterion not based on professional justification.

SECTION 5. BASIC RESPONSIBILITIES OF ASSOCIATION MEMBERSHIP

The ongoing responsibilities of each Active Staff, Provisional Staff, Consulting Staff, and Courtesy Staff member of the Association shall include, but are not limited to

A. Providing patients with continuing care and quality of care meeting the professional standards of the attending staff of the Hospital.

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B. Abiding by the Association bylaws and rules and regulations and departmental rules and regulations.

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C. Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the member by virtue of Association membership, including, but not limited to, committee assignments and performance improvement and risk management activity.

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D. Preparing and completing in a timely fashion medical records for all the patients to whom the member provides care in the Hospital.

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E. Abiding by the lawful ethical principles of the California Medical Association and/or the member's professional association.

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F. Participating in any Association approved educational programs for members of the attending staff, nurses and other personnel, as requested.

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G. Working cooperatively with members, nurses, Hospital Administration to ensure proper patient care.

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- 594 | H. Making appropriate arrangements for coverage of the member's* --- Formatted: Bullets and Numbering
595 | patients as determined by the Association.
- 596 |
- 597 | I. Refusing to engage in improper inducements for patient referral
598 | and adhering to County policy regarding "running and capping".
599 |
- 600 | J. Participating in continuing education programs as determined by* --- Formatted: Bullets and Numbering
601 | the Association.
- 602 |
- 603 | K. Participating in such emergency coverage or consultation panels as* --- Formatted: Bullets and Numbering
604 | may be determined by the Association.
- 605 |
- 606 | L. Discharging such other attending staff obligations as may be* --- Formatted: Bullets and Numbering
607 | lawfully established from time to time by the Association.
- 608 |
- 609 | M. Providing information to and/or testifying on behalf of the* --- Formatted: Bullets and Numbering
610 | Association, the County or any practitioner under review regarding
611 | any matter under review pursuant to Articles VI and VII.
- 612 |
- 613 | N. Notifying, in writing, the Chief Medical Officer immediately* --- Formatted: Bullets and Numbering
614 | after, but in no event later than ten(10) days after, the
615 | occurrence of any of the following: (1) the practitioner is
616 | notified in writing by the Medical Board of California or other
617 | appropriate State licensing agency that an investigation regarding
618 | the practitioner is being conducted, (2) the practitioner is
619 | served with an accusation by the Medical Board of California or
620 | other appropriate State licensing agency, (3) the practitioner is
621 | served with a statement of issues by the Medical Board of
622 | California or other appropriate State licensing agency, (4) the
623 | practitioner has been convicted of a misdemeanor or felony that
624 | relates to the qualifications, functions or duties of the
625 | practitioner, or which would lead to exclusion from a federal
626 | health care program, (5) exclusion from a federal or state
627 | healthcare program, (6) the practitioner's membership and/or
628 | clinical privileges are voluntarily or involuntarily revoked,
629 | suspended, reduced, not renewed, or relinquished at any hospital
630 | or health care facility, (7) the practitioner's membership in any
631 | local, state, or national medical societies, his/her Drug
632 | Enforcement Administration certificate, or his/her license to
633 | practice any profession in any jurisdiction, are voluntarily or
634 | involuntarily revoked, suspended, reduced, not renewed, or
635 | relinquished, and/or (8) any professional liability litigation
636 | involving the practitioner proceeds to final judgment, is settled,
637 | or is in progress.
- 638 |
- 639 | O. Assure that a medical history and physical examination is* --- Formatted: Indent: Left: 0.5"
640 | completed no more than 30 days before or 24 hours after admission
641 | for each patient who the Association member admits, and that a
642 | record of such medical history and physical examination is placed
643 | in the patient's medical record within 24 hours of such patient's
644 | admission. To the extent that the medical history and physical
645 | was performed prior to the patient's admission, the Association
646 | member shall assure that an entry is made in the medical record
647 | within 24 hours of admission, documenting an examination for any
648 | changes which have occurred
- 649 |
- 650 | P. Abiding by all Association and Department of Health Services* --- Formatted: Indent: Left: 0",
651 | policies and procedures, including, without limitation, those
652 | related to the Health Insurance Portability and Accountability Act
653 | (HIPAA). --- Formatted: Bullets and Numbering
654 |

655
656 ARTICLE III
657

658 CATEGORIES OF ASSOCIATION MEMBERSHIP
659

660 SECTION 1. MEMBERSHIP CATEGORIES
661

662 The Association membership shall be divided into:
663

- 664 A. The Active Staff
665
666 B. The Provisional Staff
667
668 C. The Consulting Staff
669
670 D. The Emeritus Staff
671
672 E. The Courtesy Staff
673

674 SECTION 2. ACTIVE STAFF
675

676 The Active Staff shall consist of physicians, dentists, podiatrists, and
677 clinical psychologists who admit or attend at least 8 patients each year in
678 the Hospital, who have completed the required period as provisional staff as
679 set forth in Article III Section 3 below, and who assume all the functions and
680 responsibilities of membership in the Association, including, where
681 appropriate, teaching and consultation assignments. Members of the Active
682 Staff shall be appointed to a specific department, shall be eligible to vote,
683 to hold office and to serve on Association committees, and shall be required
684 to attend department meetings. Members of the Active Staff shall have
685 completed the residency or other training requirements for an American
686 specialty board certification, if applicable, or have satisfied the
687 eligibility requirements of the applicable department as approved by the
688 Executive Committee, or have completed five (5) years in active practice in
689 their specialty, and shall have the recommendation of their department chair
690 for such status.
691

692 SECTION 3. PROVISIONAL STAFF
693

694 The Provisional Staff shall consist of physicians, dentists, podiatrists, and
695 clinical psychologists who have provisional status as described in Article II,
696 Section 3 (B), and who immediately prior to their application were not members
697 of the Association. They shall be entitled to exercise such clinical
698 privileges as are granted pursuant to these bylaws and to attend Association,
699 committee and department meetings, but shall not be eligible to hold office in
700 the Association or to vote in Association, committee or department meetings
701 unless that right is specified at the time of appointment.
702

703 Provisional Staff members shall undergo a period of proctoring and observation
704 by designated Association members to evaluate the Provisional Staff member's
705 proficiency in the exercise of clinical privileges initially granted and
706 overall eligibility for continued Association membership and advancement
707 within Association staff membership categories. Proctoring and observation of
708 Provisional Staff members shall follow whatever frequency and format each
709 department deems appropriate in order to adequately evaluate the Provisional
710 Staff member, including, but not limited to, concurrent or retrospective chart
711 review, mandatory consultation, and/or direct observation. There should be a
712 sufficient variety and number of cases monitored and evaluated to be
713 representative of the requested privileges, depending upon the scope of
714 clinical privileges requested. Appropriate records shall be maintained by the
715 department. The results of the proctoring and observation shall be submitted

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cases monitored and
evaluated, or

by the department chair to the Credentials Committee. A Provisional Staff member shall remain in the Provisional Staff membership category for a maximum period of six (6) months, unless the Director, upon recommendation of the Executive Committee, based on a report from the Credentials Committee, determines to extend that status for an additional period of up to six (6) months upon a finding of good cause, which determination shall not be subject to a hearing and appellate review pursuant to Article VII. If the Provisional Staff member has satisfactorily demonstrated his/her ability to exercise the clinical privileges initially granted and otherwise appears qualified for continued Association membership, the Provisional Staff member shall be eligible for appointment by the Director as an Active Staff, Consulting Staff, or Courtesy Staff, as appropriate, upon recommendation of the Executive Committee. In all other cases, the appropriate department chair shall advise the Credentials Committee, which shall make its report to the Executive Committee, which, in turn, shall make its recommendation to the Director for a determination regarding any modification or termination of clinical privileges and Association membership.

SECTION 4. CONSULTING STAFF

The Consulting Staff shall consist of physicians, podiatrists, dentists and clinical psychologists qualified for Active Staff membership who have completed the required period as provisional staff as set forth in Article III Section 3 but and who act only as consultants, or who are associated with the Hospital, in connection with a specific project or projects. Consulting Staff members shall be appointed to a specific department and shall be eligible to serve on Association committees and to vote on matters before such committees. They shall not be eligible to vote at Association meetings or to hold office, nor are they required to attend Association or department meetings, although they are encouraged to do so.

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SECTION 5. EMERITUS STAFF

Physicians, dentists, podiatrists, and clinical psychologists who have retired from Active Staff membership may apply for Emeritus Staff status. Emeritus Staff members shall be appointed to a specific department. They shall not be eligible to apply for clinical privileges, to admit or attend patients or to hold office, or vote at Association meetings. They are not required to attend Association or department meetings, although they are encouraged to do so.

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SECTION 6. COURTESY STAFF

The Courtesy Staff shall consist of physicians, podiatrists, dentists and clinical psychologists qualified for Active Staff membership who have completed the required period as provisional staff as set forth in Article III Section 3 but who only admit or attend less than eight (8) patients each year at the Hospital. In addition to all other requirements for membership, each Courtesy Staff member must be either: (1) a member in good standing of at least one licensed California general acute care hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations or by another nationally recognized organization or (2) a physician, dentist, podiatrist or clinical psychologist who is employed by the County of Los Angeles in a County Civil Service classified employee position, who provides patient care exclusively at a hospital, comprehensive health center or health center owned and operated by the County of Los Angeles, and who has received the recommendation of the Chief Medical Officer of the applicable County hospital, comprehensive health center or health center for membership in the Courtesy Staff. Courtesy Staff members shall be appointed to a specific department. They shall not be eligible to serve on Association committees and shall not be eligible to vote at Association or department meetings or to hold office. They are not required to attend Association or department meetings, although they are encouraged to do so.

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777
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779 **ARTICLE IV**
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781 **PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT**
782

783 SECTION 1. APPLICATION FOR APPOINTMENT
784

785 A. All applications for appointment to the Association shall be in
786 writing, shall be signed by the applicant, and shall be submitted
787 to the Director only after review by the Chief Medical Officer,
788 the Credentials Committee, and the Executive Committee. The
789 application form shall be approved by the Executive Committee and
790 shall require detailed information concerning the applicant's
791 current California licensure, experience, current Drug Enforcement
792 Administration certification (for physicians, dentists and
793 podiatrists), verification of identity, verification from the
794 Office of Inspector General's (OIG) list of Excluded Individuals/
795 Entities of non-exclusion from participation in the Medicare,
796 Medicaid, and all Federal health care programs, privileges
797 requested, and, if applicable, current insurance coverage as
798 indicated in Article XIV, and other qualifications, and shall
799 include the names of at least three (3) persons who have had
800 extensive experience in observing and working with the applicant
801 and who can provide adequate references pertaining to the
802 applicant's current professional competence, ethical character,
803 and physical and mental health status. In addition, the
804 application shall include, but not be limited to, all information
805 as to: (1) whether the applicant's membership status and/or
806 clinical privileges have ever been voluntarily or involuntarily,
807 revoked, suspended, reduced, not renewed, or relinquished at any
808 other hospital or health facility; (2) whether the applicant's
809 membership in any local, state or national medical societies or
810 his/her Drug Enforcement Administration certificate or his/her
811 license to practice any profession in any jurisdiction has ever
812 been voluntarily or involuntarily revoked, suspended, not
813 renewed, reduced, or relinquished, and (3) whether any
814 professional liability litigation involving the applicant has been
815 to final judgment, has been settled, or is in progress.
816

817 B. In connection with all applications for appointment, the applicant
818 shall have the burden of producing adequate information for a
819 proper evaluation of his/her competence, ethical character,
820 physical and mental health status, ethics, current California
821 licensure, current Drug Enforcement Administration certification
822 (for physicians, dentists and podiatrists), experience, and other
823 qualifications for the membership category and clinical privileges
824 requested, and, if applicable, current insurance coverage as
825 indicated in Article XIV, for resolving any doubts about these
826 matters, and for satisfying all requests for information. The
827 applicant's failure to fulfill this requirement, the applicant's
828 withholding of any relevant information, or the applicant's
829 submission of any inaccurate information, shall be grounds for
830 denial of the application. In addition, the applicant may be
831 required to submit to a medical or psychological examination, at
832 the applicant's expense, if deemed appropriate by the Executive
833 Committee, which may select the examining physician. The Chief
834 Medical Officer shall promptly notify the applicant of any
835 problems in obtaining any information required or if any of the
836 information obtained from primary sources varies from that
837 provided by the applicant.

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- 838
839 C. By applying for appointment to the Association, each applicant
840 thereby signifies his/her willingness to appear for interviews in
841 regard to his/her application and authorizes the representatives
842 of the County of Los Angeles, ~~and/or the Association, to consult~~
843 with members of medical staffs of other hospitals or health
844 facilities with which the applicant has been associated and with
845 others who may have information bearing on his/her competence,
846 ethical character, physical and mental health status, ethics,
847 current California licensure, current Drug Enforcement
848 Administration certification (for physicians, dentists and
849 podiatrists), experience, and other qualifications, and, if
850 applicable, current insurance coverage as indicated in Article
851 XIV, and to an inspection by the above of all records and
852 documents that may be material to an evaluation of his/her
853 professional qualifications and competence to carry out the
854 clinical privileges he/she requests, as well as of his/her moral
855 and ethical qualifications for membership. In addition, the
856 applicant by applying for appointment releases from any liability
857 the County of Los Angeles, the Association, ~~and their respective~~
858 officers, employees or agents, for any of their acts performed in
859 good faith and without malice in connection with evaluating the
860 applicant and his/her qualifications and credentials, and also
861 releases from any liability all individuals and organizations that
862 provide information to the above in good faith and without malice
863 concerning the applicant's competence, ethical character,
864 physical and mental health status, current California licensure,
865 current Drug Enforcement Administration certification (for
866 physicians, dentists and podiatrists), experience, and other
867 qualifications and, if applicable, current insurance coverage as
868 indicated in Article XIV, for Association membership and clinical
869 privileges, including otherwise privileged or confidential
870 information.
871
872 D. The application form shall include a statement that the applicant
873 has received and read the bylaws of the Association and any rules
874 and regulations applicable thereto, and that he/she agrees to be
875 bound by the terms thereof, as they may be amended from time to
876 time, without regard to whether or not he/she is granted
877 membership and/or clinical privileges in all matters relating to
878 his/her application.
879
880 E. In evaluating the applicant's eligibility for Association
881 membership, consideration shall be given to other factors,
882 including but not limited to: (1) the Hospital's ability to
883 provide adequate facilities and supportive services for the
884 applicant and his/her patients; (2) patient care requirements for
885 additional attending staff members with the applicant's skill and
886 training; (3) the Hospital/community needs for the applicant's
887 services; and (4) the geographic location of the applicant.
888 F. [duplicates subpar. D above]
889
890 E. Acceptance of membership in the Association shall constitute the
891 member's agreement that he/she will strictly abide by the Guiding
892 Principles for Physicians - Hospital Relationships of the
893 California Medical Association, as well as the Code of Medical
894 Ethics of the American Medical Association, the Principles of
895 Ethics and Code of Professional Conduct of the American Dental
896 Association, the Ethical Principles of Psychologists and Code of
897 Conduct of the American Psychological Association, or the Code of
898 Ethics of the American Podiatry Medical Association, whichever is
899 applicable.

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SECTION 2. APPOINTMENT PROCESS

- A. The applicant shall submit a completed application, including desired membership category and a specific list of desired clinical privileges, to the Chief Medical Officer, who shall verify the references, education, training, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifying information submitted by primary sources, whenever possible. The Chief Medical Officer shall also query both the National Practitioner Data Bank and the Office of Inspector General's (OIG) List of Excluded Individuals/ Entities and consider the results of such queries. The Chief Medical Officer shall promptly notify the applicant of any problems in obtaining any information required or if any of the information obtained from primary sources varies from that provided by the applicant. It shall be the applicant's responsibility to obtain all required information. When collection and verification is accomplished, the Chief Medical Officer shall transmit the application and all supporting materials to the Credentials Committee for evaluation.
- B. Within seventy-five (90) days after receipt of the completed application for membership, the Credentials Committee shall review the application and other information submitted to the Chief Medical Officer and make a written report of its investigation to the Executive Committee. Prior to making this report, the Credentials Committee shall examine the evidence of the character, professional competence, physical and mental health status, ethics, current California licensure, current Drug Enforcement Administration certification (for physicians, dentists and podiatrists), experience, and other qualifications of the applicant, and, if applicable, the current insurance coverage as indicated in Article XIV, and shall determine, through information contained in references given by the applicant and from other sources available to the Committee, including, but not limited to, the recommendations from the department in which privileges are sought, as submitted to the Credentials Committee, whether the applicant has established and meets all of the necessary qualifications for the category of Association membership and the clinical privileges requested by him/her. Every department in which the applicant seeks clinical privileges shall provide the Credentials Committee with specific, written recommendations for delineating the applicant's clinical privileges, and these recommendations shall be made a part of the Committee's report. Together with its report, the Credentials Committee shall transmit to the Executive Committee the completed application and a recommendation that the applicant be either appointed to the Association or rejected for Association membership, or that the application be deferred for further consideration. Where rejection or deferment is recommended, the reasons for such recommendation shall be stated along with the recommendation.
- C. At its next regular meeting following receipt of the application and the report and recommendation of the Credentials Committee, the Executive Committee shall determine whether to recommend to the Director, through the Chief Medical Officer, that the applicant be provisionally appointed to the Association, that he/she be rejected for Association membership, or that his/her application be deferred for further consideration.

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- D. When the recommendation of the Executive Committee is to defer the application for further consideration, the reason for deferment should be stated, and the recommendation must be followed up within sixty (60) days with a subsequent recommendation for provisional appointment with specified clinical privileges or for rejection for Association membership.
- E. When the recommendation of the Executive Committee is favorable to the applicant, the recommendation shall promptly be forwarded, together with all the supporting documentation, to the Director, through the Chief Medical Officer.
- F. When the recommendation of the Executive Committee is adverse to the applicant either in respect to appointment or clinical privileges, the President shall promptly so notify the applicant by certified or registered mail, return receipt requested. No such adverse recommendation shall be forwarded to the Director until after the applicant has exercised or has been deemed to waive his/her right to a hearing as provided in Article VII.
- G. If the aggrieved applicant has requested a hearing as provided in Article VII, and if the hearing has resulted in a decision either at the hearing or appellate level which is favorable to the applicant, the applicant's application shall thereafter be processed in accordance with Subsection E of this Section 2.
- H. Within fifteen (15) days after the receipt of a favorable recommendation by the Executive Committee, the Director shall act in the matter. If the Director's decision is adverse to the applicant in respect to either appointment or clinical privileges, the Director shall promptly notify him/her of such adverse decision by certified or registered mail, return receipt requested, and such adverse decision shall be held in abeyance until the applicant has exercised or has been deemed to have waived his/her rights under Article VII and until there has been compliance with Subsection J of this Section 2. The fact that the adverse decision is held in abeyance shall not be deemed to confer membership or privileges where none existed before.
- I. In the event the applicant waives or fails to exercise his/her rights under Article VII, the Director's decision shall be considered final, except that the Director may defer final determination by referring the matter to the Executive Committee for further reconsideration. Any such referral-back shall state the reasons therefore and shall set a time limit not to exceed sixty (60) days within which a subsequent recommendation to the Director shall be made. After receipt of such subsequent recommendation and new evidence in the matter, if any, the Director shall make a decision either to appoint the applicant to Association membership or to reject him/her for membership. All decisions to appoint shall include a delineation of the clinical privileges which the appointee may exercise.
- J. Whenever the Director's decision will be contrary to the recommendation of the Executive Committee, the Director shall submit the matter to a committee composed of the Chief Medical Officer, Chief Executive Officer, the President, and the department chair involved for review and recommendation and shall consider such recommendation before making his/her decision final. Such committee shall report back to the Director within fifteen (15) days with its recommendation, and the Director shall render a decision within fifteen (15) days after his/her receipt of such

1024 recommendation.

1025
1026 K. When the Director's decision is final, he/she shall send notice of
1027 such decision to the President of the Association, to the chair of
1028 the department involved, and by registered or certified mail,
1029 return receipt requested, to the applicant.

1030
1031 L. An applicant whose application was denied, or who withdrew his or
1032 her application following an adverse recommendation on it, or a
1033 member of the Association whose membership was terminated
1034 involuntarily, or who voluntarily relinquished his or her
1035 membership while an investigation or disciplinary action was
1036 pending, shall not be eligible to apply again for membership until
1037 a) the date that the reason for the denial, adverse
1038 recommendation, involuntary termination or investigation or
1039 disciplinary action is removed, or (b) twenty-four (24) months,
1040 whichever is later. When such period of ineligibility has ended,
1041 the applicant or former member may apply using the procedures set
1042 forth in Sections 1 and 2 of this Article, and, in addition, shall
1043 also demonstrate that the reason for the denial, adverse
1044 recommendation, involuntary termination or investigation or
1045 disciplinary action no longer exists and that any problems have
1046 been corrected.
1047
1048
1049

1050 SECTION 3. REAPPOINTMENT PROCESS

1051
1052 A. At least ninety (90) days prior to the end of a member's period of
1053 appointment, the member shall submit an application for
1054 reappointment to the Chief Medical Officer. Such application
1055 shall require information concerning changes in physical and
1056 mental health status and other qualifications of the member since
1057 the previous review of the member's qualifications, including, but
1058 not necessarily limited to, privileges requested, evidence for
1059 change of privileges, continuing education, present status of
1060 California licensure, experience, Drug Enforcement Administration
1061 certification (for physicians, dentists and podiatrists),
1062 verification from the OIG's List of Excluded Individuals/ Entities
1063 of non-exclusion from participation in the Medicare, Medicaid, and
1064 all Federal health care programs, and, if applicable, current
1065 insurance coverage as indicated in Article XIV. In addition, the
1066 application shall include, but not be limited to, all information
1067 as to: (1) whether the member's membership status and/or clinical
1068 privileges have ever been voluntarily or involuntarily revoked,
1069 suspended, reduced, not renewed, or relinquished at any hospital
1070 or health facility; (2) whether the member's membership in any
1071 local, state or national medical societies or his/her Drug
1072 Enforcement Administration certificate or his/her license to
1073 practice any profession in any jurisdiction has ever been
1074 voluntarily or involuntarily revoked, suspended, not renewed,
1075 reduced or relinquished; and (3) whether any professional
1076 liability litigation involving the member has been to final
1077 judgment, has been settled, or is in progress. The Chief Medical
1078 Officer shall verify the references, education, training, current
1079 licensure, current Drug Enforcement Administration certification
1080 (for physicians, dentists and podiatrists), experience, and other
1081 qualifying information submitted by primary sources, whenever
1082 possible. The Chief Medical Officer shall also query both the
1083 National Practitioner Data Bank and the OIG's List of Excluded
1084 Individuals/ Entities and consider the results of such queries.
1085 The Chief Medical Officer shall promptly notify the member of any

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1086 problems in obtaining any information required or if any of the
1087 information obtained from primary sources varies from that
1088 provided by the member. It shall be the member's responsibility
1089 to obtain all required information. When collection and
1090 verification is accomplished, the Chief Medical Officer shall
1091 transmit the application and all supporting materials to the
1092 appropriate department chair. The department chair shall review
1093 all pertinent information available on each member of his/her
1094 department who applies for reappointment and who is scheduled for
1095 periodic appraisal. This review shall also include an assessment
1096 of information collected in the course of the Hospital's Quality Deleted: Medical Center
1097 Assessment and Improvement Program regarding the member's
1098 professional performance, as well as practitioner-specific
1099 information regarding professional performance. Each department
1100 shall develop and monitor the practitioner-specific information
1101 and compare this data to relevant benchmarks. The department
1102 chair shall, no later than sixty (60) days prior to the end of the
1103 member's period of appointment, forward this information to the
1104 Credentials Committee for the purpose of determining its
1105 recommendations for reappointment to the Association and for the
1106 granting of clinical privileges for the ensuing two year period.
1107 The Credentials Committee shall transmit its recommendations in
1108 writing to the Executive Committee. Where non-reappointment or a
1109 change in clinical privileges is recommended, the reasons for such
1110 recommendations shall be stated and documented.

1111

1112 B. In connection with all applications for reappointment, the member Deleted: Medical Center
1113 shall have the burden of producing adequate information for a
1114 proper evaluation of his/her competence, character, physical and
1115 mental health status, ethics, current California licensure,
1116 experience and other qualifications for the membership category
1117 and clinical privileges requested, and, if applicable, current
1118 insurance coverage as indicated in Article XIV, for resolving any
1119 doubts about these matters, and for satisfying all requests for
1120 information. The member's failure to fulfill this requirement, the
1121 member's withholding of any relevant information, or the member's
1122 submission of any inaccurate information, shall be grounds for
1123 denial of the application. In addition, the member may be required
1124 to submit to a medical or psychological examination at the
1125 member's expense, if deemed appropriate by the Executive
1126 Committee, which may select the examining physician. The Chief
1127 Medical Officer shall promptly notify the member of any problems
1128 in obtaining any information required or if any of the information
1129 obtained from primary sources varies from that provided by the
1130 member.

1131

1132 C. Each recommendation concerning the reappointment of a member and
1133 the clinical privileges to be granted upon reappointment shall be
1134 based upon documentation, furnished by the department chair, and
1135 other information requested of such member or otherwise obtained
1136 by the Credentials Committee, of such member's professional
1137 performance, competence, clinical and/or technical skills,
1138 judgment in the treatment of patients, as assessed in the
1139 Hospital's performance improvement, risk management, and safety Deleted: Medical Center
1140 activities, and other qualifications, including, but not limited
1141 to, his/her professional practice outside the Hospital; present Deleted: Medical Center
1142 status of his/her California licensure and Drug Enforcement
1143 Administration certification (for physicians, dentists and
1144 podiatrists); evidence of his/her physical and mental health
1145 status; his/her ethics and conduct; his/her professional practices
1146 outside the Hospital; his/her attendance at department meetings; Deleted: Medical Center
1147 his/her participation in Association affairs; his/her compliance

with the Association bylaws, rules and regulations; his/her current insurance coverage, if applicable, as indicated in Article XIV; his/her cooperation with Hospital personnel; his/her use of the Hospital's facilities; his/her relations with other attending staff members; and his/her general attitude toward patients, the Hospital and the public.

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- D. At least thirty (30) days prior to the end of the member's period of appointment, the Executive Committee shall make written recommendations to the Director, through the Chief Medical Officer, concerning the reappointment, non-reappointment and/or clinical privileges of each member then scheduled for periodic appraisal. Where non-reappointment or a change in clinical privileges is recommended, the reasons for such recommendations shall be stated and documented. Thereafter, the procedure provided in Subsections E through K of Section 2 of this Article IV relating to recommendations on applications for initial appointment shall be followed.
- E. If a member fails to submit an application for reappointment, completed in accordance with this Section 3, at least thirty (30) days prior to the expiration of his/her period of appointment, then (1) the member shall be deemed to have voluntarily resigned his/her Association membership and clinical privileges upon such expiration and (2) the member shall be required to submit an application for initial appointment in accordance with the procedures described in Sections 1 and 2 of this Article IV.

SECTION 4. CHANGE IN MEMBERSHIP CATEGORY OR CLINICAL PRIVILEGES

Any Association member who, prior to his/her application for reappointment, requests a change in his/her membership category or clinical privileges shall submit an application in writing on the prescribed form at any time, except that no such application shall be submitted within twelve (12) months of the date a similar request was denied. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of this Article IV.

Section 5. LEAVES OF ABSENCE

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Members may request a leave of absence which must be approved by the Executive Committee to be effective. Such leave shall not exceed a period of twenty-four (24) months following the date of the Executive Committee's approval. During the period of the leave, the member shall not exercise privileges at the Hospital and his or her membership rights and responsibilities, including the obligation to apply for reappointment, shall be inactive.

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To be reinstated at the conclusion of the leave, the member must follow the procedures for reappointment set forth in Section 3 of this Article and, in addition, must provide information regarding his or her professional activities, if any, during the leave of absence.

ARTICLE V

CLINICAL PRIVILEGES

SECTION 1. DELINEATION OF CLINICAL PRIVILEGES

- A. Every practitioner practicing at the Hospital by virtue of Association membership or otherwise, shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Director, except as provided in Sections 2 and 3 of this Article V. All such clinical privileges shall apply only to the Hospital.
- B. Every initial application for appointment and every application for reappointment to Association membership must contain a request for the specific clinical privileges desired by the applicant. The evaluation of such requests shall be based upon documentation and verification of the applicant's current California licensure, education, training, experience, demonstrated current competence, references, an appraisal by the department in which requested privileges are sought, clinical performance at the Hospital, the documented results of patient care and other quality review and monitoring which the Association deems appropriate, and other relevant information, including, but not limited to, pertinent information concerning clinical performance obtained from other hospitals and health care settings where the applicant exercises clinical privileges. In the event that the Director or the Governing Body authorizes the Hospital to offer a new service which would fall within the expertise of more than one department, the Executive committee shall appoint an ad hoc committee to establish the requirements for receiving privileges to provide such service. It shall be the applicant's responsibility to obtain all required information. The applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges requested. Each applicant granted clinical privileges shall pledge that he/she shall provide for the continuous care of his/her patients.
- C. Applications for additional clinical privileges shall be in writing on the prescribed form. Such applications shall be processed in the same manner as applications for initial appointment in accordance with Sections 1 and 2 of Article IV, and individuals shall be subject to the same requirements for proctoring as they would have been if such privileges had been requested at the time the initial application for privileges was made.
- D. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be carried out as part of the reappointment process and shall be based upon the observation of care provided, review of the records of patients treated in this or other hospitals, and review of the records of the Association which document the evaluation of the member's participation in the delivery of health care.
- E. No specific privilege may be granted if the task, procedure or activity constituting the privilege is outside or the scope of services established by the Director and the Governing Body in their sole discretion or if the resources necessary to exercise the privilege have not been made available by the Director in his sole discretion.
- F. Privileges granted to duly licensed dentists shall be based on their training, experience, and demonstrated competence and judgment. The scope and extent of surgical procedures that each

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dentist and oral surgeon may perform shall be specifically delineated and granted in the same manner as all surgical privileges, including, but not limited to, performance of admission history and physical examination if training is provided for this. Surgical procedures performed by dentists shall be under the overall supervision of the Chair of the Department of Surgery. All dental patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Hospital.

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G. Privileges granted to duly licensed podiatrists shall be based on their training, experience, and demonstrated competence and judgment. In making their recommendations, the Executive Committee may consider the need for podiatry services which either are not presently being provided by other members of the attending staff or may be provided in the Hospital without disruption of existing services. The scope and extent of surgical procedures that each podiatrist may perform shall be specifically delineated and granted in the same manner as all other surgical privileges. Surgical procedures performed by podiatrists shall be under the overall supervision of the Chair of the Department of Surgery. All podiatric patients shall receive the same basic medical appraisals as patients admitted to other surgical services. A physician member of the attending staff shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Hospital.

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H. Privileges granted to duly licensed clinical psychologists shall be based on their training, experience, and demonstrated current competence and judgment and shall not include the prescribing of any medications. A physician member of the Association shall be responsible for the care of any medical problem that may be present at the time of admission, during hospitalization, or at any other time at the Hospital.

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I. The Association, acting with the approval of the Executive Committee, and on the recommendations of the departments, shall establish a performance monitoring process, which shall identify the triggers for such monitoring and shall, at least, provide for focused professional monitoring or evaluation.

SECTION 2. TEMPORARY PRIVILEGES

A. Pending Application for Association Membership

Upon receipt of a completed application for Association membership, including, without limitation, desired membership category and a specific list of desired clinical privileges, and verification of his/her references, education, training, current California licensure, National Practitioner Data Bank report, experience, and other qualifying information submitted by primary sources, whenever possible, and where the temporary clinical privileges will fulfill an important patient care, treatment, and service need or where the completed application raises no concerns and is awaiting review and approval of the Executive Committee and the Director, the Director may, with the written concurrence of the chair of the concerned department and of the President of the Association or the Chief Medical Officer, grant temporary clinical

1333 privileges to the applicant, but in exercising such privileges,
1334 the applicant shall act under the supervision of the chair of the
1335 department to which he/she is assigned. Such temporary privileges
1336 should not exceed a period of ninety (90) days in duration, but in
1337 no event shall exceed one hundred and twenty (120) days in
1338 duration.
1339

1340 B. Patient Care Need by Non-Applicant for Association Membership
1341

1342 Upon receipt of a completed application for temporary clinical
1343 privileges, including, without limitation, a specific list of the
1344 desired clinical privileges, and verification of his/her
1345 references, education, training, current California licensure,
1346 National Practitioner Data Bank report, experience, and other
1347 qualifying information submitted by primary sources, whenever
1348 possible, and where the temporary clinical privileges will fulfill
1349 an important patient care, treatment and service need, the
1350 Director may, with the written concurrence of the chair of the
1351 concerned department and the President or the Chief Medical
1352 Officer, grant temporary clinical privileges for the care of a
1353 specific patient to a practitioner who is not an applicant for
1354 Association membership. Such temporary privileges should not
1355 exceed a period of ten (10) days in duration, but in no event
1356 shall exceed thirty (30) days in duration.
1357

1358 C. Locum Tenens
1359

1360 Upon receipt of a completed application for temporary clinical
1361 privileges, including, without limitation, a specific list of
1362 desired clinical privileges, and verification of his/her
1363 references, education, training, current California licensure,
1364 National Practitioner Data Bank report, experience, and other
1365 qualifying information submitted by primary sources, whenever
1366 possible, and where the temporary clinical privileges will fulfill
1367 an important patient care, treatment and service need, the
1368 Director may, with the written concurrence of the chair of the
1369 concerned department and the President or Chief Medical Officer,
1370 grant temporary clinical privileges to the practitioner to serve
1371 as a locum tenens for a member of the Association. Such temporary
1372 privileges should not exceed a period of ninety (90) days in
1373 duration, but in no event shall exceed one hundred and twenty
1374 (120) days in duration.
1375

1376 D. Special requirements of supervision and reporting may be imposed
1377 by the chair of the concerned department on any practitioner
1378 granted temporary privileges. Temporary privileges shall be
1379 immediately terminated by the Director upon notice of any failure
1380 by the practitioner to comply with any such special requirements.
1381

1382 E. The Director may at any time, upon the recommendation of either
1383 the President or the chair of the concerned department, terminate
1384 a practitioner's temporary privileges effective as of the
1385 discharge from the Hospital of the practitioner's patient(s) then
1386 under his/her care in the Hospital. However, where it is
1387 determined that the life or health of such patient(s) would be
1388 endangered by continued treatment by the practitioner, the
1389 termination may be imposed by the Director immediately. The chair
1390 of the appropriate department, or in his/her absence, the Chief
1391 Medical Officer or the Director shall assign a member of the
1392 Association to assume responsibility for the care of such
1393 terminated practitioner's patient(s) until he/they are discharged
1394 from the Hospital. The wishes of the patient(s), shall be

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1395 considered where feasible in the selection of such substitute
1396 practitioner.
1397

1398 | A. Each practitioner applying for temporary clinical privileges must
1399 | sign an acknowledgment of having received and read the
1400 | Association's current bylaws, rules and regulations, and
1401 | applicable policies and the practitioner's agreement to be bound
1402 | by their terms.
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1404 SECTION 3. EMERGENCY PRIVILEGES

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1406 A. For a Specific Patient

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1408 In case of an emergency involving a specific patient, any
1409 physician, podiatrist, dentist, or clinical psychologist who is a
1410 member of the Association or who holds a County Civil Service
1411 classified employee position and to the degree permitted by
1412 his/her license and regardless of service or Association status or
1413 lack of same, shall be permitted and assisted to do everything
1414 possible to save the life of a patient, or to save the patient
1415 from serious harm, using every facility of the Hospital necessary,
1416 including, but not limited to, the calling for any consultation
1417 necessary or desirable. When an emergency situation no longer
1418 exists, such physician, podiatrist, dentist, or clinical
1419 psychologist must request the privileges necessary to continue to
1420 treat the patient and shall defer to the appropriate department
1421 chair with respect to further care of the patient. In the event
1422 such privileges are denied or he/she does not desire to request
1423 privileges, the patient shall be assigned to an appropriate member
1424 of the Association. For the purpose of this section, an
1425 "emergency" is defined as a condition in which a patient is in
1426 imminent danger of serious or permanent harm or death and any
1427 delay in administering treatment would add to that danger.
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1429 | A. During a Disaster

1430

1431 In the case of a disaster where the Director, in consultation with
1432 the Chief Medical Officer or the Chief Executive Officer, has
1433 activated the Hospital's Emergency Medical Plan, the Director or
1434 the Chief Medical Officer may grant emergency clinical privileges
1435 to any licensed physician, podiatrist, clinical psychologist, or
1436 dentist, to the degree permitted by his/her license, who does not
1437 possess privileges at the Hospital and who indicates a willingness
1438 to provide patient care at the Hospital during the disaster. A
1439 practitioner applying for emergency privileges shall provide to
1440 the Chief Medical Officer at least one (1) of the following: (1) a
1441 current picture hospital identification card that clearly
1442 identifies the individual's profession, (2) a current license to
1443 practice and a valid picture ID issued by a state, federal or
1444 regulatory agency, (3) identification indicating that the
1445 presenting practitioner is a member of a Disaster Medical
1446 Assistance Team, (4) identification indicating that the presenting
1447 practitioner has been granted authority to render patient care in
1448 disaster circumstances, such authority having been granted by a
1449 federal, state, or municipal entity, or (5) presentation by current
1450 Association member(s) with personal knowledge regarding the
1451 presenting practitioner's identity.
1452

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1453 Emergency privileges may be granted on a case-by-case basis
1454 following a review of the above documentation and other requested
1455 information, if any. The Hospital shall begin primary source
1456 verification of the individual's licensure as soon as the

1457 | immediate situation is under control and shall complete such
1458 | review and make a determination on whether to continue emergency
1459 | privileges within 72 hours of granting such privileges, except in
1460 | extraordinary circumstances. In exercising emergency privileges,
1461 | a practitioner shall act under the supervision of the chair of the
1462 | department to which he/she is assigned and, if possible, shall be
1463 | paired with an Association member who has a similar specialty.
1464 | When the disaster no longer exists, as determined by the Director
1465 | in consultation with the Chief Medical Officer, a practitioner's
1466 | emergency privileges shall automatically terminate, and the
1467 | practitioner must request the privileges necessary to continue to
1468 | treat patients and shall defer to the appropriate department chair
1469 | with respect to further care of patients. In addition, the
1470 | Director, on his/her own initiative or upon the recommendation of
1471 | the President of the Association, the Chief Medical Officer, or
1472 | the chair of the concerned department, may terminate immediately a
1473 | practitioner's emergency privileges for any reason or no reason at
1474 | all, and the practitioner shall not be entitled to a hearing and
1475 | appellate review under Article VII.

1476 |
1477 | SECTION 4. TELEMEDICINE
1478 |

1479 | Any person who desires to diagnose or treat patients via
1480 | telemedicine link (e.g., telephone, e-mail, etc.) must apply for
1481 | and be granted specific clinical privileges which allow for
1482 | exercise by telemedicine link in accordance with these bylaws.
1483 | Each department shall determine which clinical privileges, if any,
1484 | of the department may be performed via telemedicine link.
1485 |
1486 |

1487 | ARTICLE VI
1488 |

1489 | CORRECTIVE ACTION
1490 |

1491 | SECTION 1. ROUTINE CORRECTIVE ACTION
1492 |

- 1493 | A. Whenever a practitioner with clinical privileges engages in any
1494 | act, statement, demeanor, or professional conduct, either within
1495 | or outside the Hospital, which is or is reasonably likely to be
1496 | (1) detrimental to patient safety or to the delivery of quality
1497 | patient care, (2) disruptive or deleterious to the operations of
1498 | the Hospital, or improper use of Hospital resources, (3) below
1499 | applicable professional standards or (4) contrary to the
1500 | Association's bylaws, rules or regulations, then corrective action
1501 | against such practitioner may be requested by any officer of the
1502 | Association, by the chair of any department, by the chair of any
1503 | standing committee of the Association, by the Chief Medical
1504 | Officer, by the Chief Executive Officer, by the Chief Medical
1505 | Officer of Health Services or by the Director, upon the complaint,
1506 | request, or suggestion of any person. All requests for corrective
1507 | action shall be in writing, shall be made to the Executive
1508 | Committee, and shall be supported by reference to the specific
1509 | activities or conduct which constitute the grounds for the
1510 | request.

- 1511 |
1512 | B. Whenever corrective action is requested, the Executive Committee
1513 | shall forward such request to the chair of the department wherein
1514 | the practitioner has such privileges. Upon receipt of such
1515 | request, the chair of the department shall immediately appoint an
1516 | ad hoc committee to investigate the matter.

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- C. Within thirty (30) days after the department's receipt of the request for corrective action, the department shall make a written report of its investigation to the Executive Committee. Prior to making such report, the practitioner against whom corrective action has been requested shall be offered an opportunity to appear for an interview at a reasonable time with the departmental ad hoc investigating committee. At such interview, the practitioner shall be informed of the general nature of the charges against him/her and shall be invited to discuss, explain or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these bylaws with respect to hearings shall apply to such interview. A record of such interview shall be made by the department and included with its report to the Executive Committee.
- D. Whenever the request for corrective action is directed against the chair of a department, the Executive Committee shall appoint an ad hoc investigating committee which shall perform all the functions of the departmental ad hoc investigating committee as described in Subsections B and C above.
- E. Within sixty (60) days following the receipt of the departmental ad hoc investigating committee's report, the Executive Committee shall take action upon the request for corrective action. In all cases, the affected practitioner shall be permitted to make an appearance at a reasonable time before the Executive Committee prior to its taking action on such request. This appearance shall not constitute a hearing, shall be preliminary in nature, and none of the procedures provided in these bylaws with respect to hearings shall apply to such appearance. A record of such appearance shall be made by the Executive Committee and included in its recommendation to the Director.
- F. The action of the Executive Committee on a request for corrective action shall be to make a recommendation to the Director. Such recommendation shall include one or more of the following:
- (1) Rejection of the request for corrective action;
 - (2) Issuance of a letter of admonition, censure, reprimand, or warning, although nothing herein shall preclude a department chair from issuing informal written or oral warnings outside the corrective action process;
 - (3) Imposition of terms of probation or special limitations on continued Association membership or exercise of clinical privileges, including, but not limited to, a requirement for consultation or proctoring;
 - (4) Reduction or revocation of clinical privileges;
 - (5) Termination, modification, or ratification of an already imposed summary suspension of clinical privileges;
 - (6) Suspension of clinical privileges until satisfactory completion of specific conditions or requirements;
 - (7) Suspension of Association membership until satisfactory completion of specific conditions or requirements;

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(8) Revocation of Association membership;

(9) Refer the member to the Wellbeing of Practitioners*
Committee for evaluation and such further actions as are
appropriate;

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(10) Other actions appropriate to the facts, including but not
limited to, required reports to the Medical Board of
California or other appropriate State licensing agency
and/or to the National Practitioner Data Bank.

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G. The President of the Association shall promptly notify the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director, in writing, of all requests for corrective action received by the Executive Committee and shall continue to keep the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director fully informed of all actions taken in connection therewith. After the Executive Committee has made its recommendation in the matter to the Director, the Director shall render a decision within thirty (30) days and shall notify the practitioner in person or by registered or certified mail, return receipt requested. Thereafter, the procedure to be followed shall be as provided in Article VII.

H. If the Governing Body determines that the Executive Committee has failed to initiate an investigation on a request for corrective action or to recommend disciplinary action, and that such failure is contrary to the weight of evidence, the Governing Body may direct the Executive Committee to initiate an investigation or recommend disciplinary action, but only after consultation with the Executive Committee and the Director. In the event the Executive Committee or the Director fail to take action in response to a direction from the Governing Body, the Governing Body, after notifying the Executive Committee and the Director in writing, shall have the authority to take action on its own initiative against the practitioner and assume all the rights and responsibilities of the Executive Committee and the Director as provided in this Article VI.

SECTION 2. SUMMARY SUSPENSION

A. The President of the Association, the chair of any department, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, or the Director shall have the authority, whenever immediate action must be taken to reduce a substantial likelihood of imminent impairment to the health or safety of any patient, any prospective patient, any employee, or any other person present in the Hospital, to recommend to the Director that all or any portion of the clinical privileges of a practitioner be summarily suspended, and such summary suspension shall become effective immediately upon imposition by the Director; provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of a practitioner for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.

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B. Notwithstanding any other provision of these bylaws, when no

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person or body authorized by these bylaws is available to summarily suspend clinical privileges, the Governing Body or its designee may temporarily suspend all or any portion of the clinical privileges of a practitioner where there is a substantial likelihood of imminent impairment to the health or safety of any person so long as the Governing Body has, before the suspension, made reasonable attempts to contact the Executive Committee and the Director. A summary suspension by the Governing Body which has not been ratified by the Executive Committee and the Director within two working days (excluding weekends and holidays) after the suspension, shall automatically terminate; provided that additional such summary suspensions may be imposed by the Governing Body, not to exceed a total of ten (10) working days for the entire period of the summary suspension, if the Executive Committee is unable to meet to ratify the summary suspension.

- C. A summary suspension shall become effective immediately upon imposition, and the person or body responsible therefore shall promptly give oral or written notice of the summary suspension to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. The notice of suspension given to the Executive Committee shall constitute a request for corrective action, and the corrective action process set forth in Section 1 of this Article VI shall be followed. The summary suspension shall continue in effect during the pendency of the corrective action process and of the hearing and appellate review process under Article VII unless the summary suspension is previously terminated as provided in these bylaws.
- D. A practitioner whose clinical privileges have been summarily suspended shall not be entitled to request a hearing on the matter under Article VII until after the corrective action process set forth in Section 1 of this Article VI has been complied with and the Director has taken action under the corrective action process pursuant to Section 1(G) of this Article VI, and then only if the action taken constitutes grounds for a hearing under Article VII.
- E. Immediately upon the imposition of a summary suspension, the Director, the Chief Medical Officer or responsible department chair shall have authority to provide for alternative medical coverage for the patients of the suspended practitioner still in the Hospital at the time of such suspension.

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SECTION 3. AUTOMATIC SUSPENSION

A. General:

In the circumstances described in Sections 3 (B), 3 (C), 3 (D), and 3 (E), a practitioner's Association membership and/or clinical privileges shall be terminated, suspended, or limited, as described, which action shall be final and shall not be subject to a hearing or appellate review under Article VII, except where a dispute exists as to whether the circumstances have occurred.

B. License:

1. Revocation or Expiration: Whenever a practitioner's license authorizing him/her to practice in this State is revoked or has expired, his/her Association membership and clinical privileges shall be immediately and automatically terminated.

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2. Restriction: Whenever a practitioner's license authorizing him/her to practice in this State is limited or restricted by the applicable licensing authority, those clinical privileges which he/she has been granted that are within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.
 3. Suspension: Whenever a practitioner's license authorizing him/her to practice in this State is suspended by the applicable licensing authority, his/her Association membership and clinical privileges shall be automatically suspended effective upon and for at least the term of the license suspension.
 4. Probation: Whenever a practitioner is placed on probation by the applicable licensing authority, his/her applicable Association membership status and clinical privileges shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.
- C. Drug Enforcement Administration Certificate:
1. Revocation or Expiration: Whenever a practitioner's Drug Enforcement Administration (DEA) certificate is revoked or has expired, he/she shall immediately and automatically be divested of his/her right to prescribe medications covered by the certificate.
 2. Restriction: Whenever a practitioner's Drug Enforcement Administration certificate is limited or restricted, his/her right to prescribe medications within the scope of such limitation or restriction, as determined by the Executive Committee, shall be immediately and automatically terminated.
 3. Suspension: Whenever a practitioner's DEA certificate is suspended, he/she shall automatically be divested, at a minimum, of his/her right to prescribe medications covered by the certificate effective upon and for at least the term of the suspension.
 4. Probation: Whenever a practitioner's DEA certificate is subject to an order of probation, his/her right to prescribe medications covered by the certificate shall automatically become subject to the terms of the probation effective upon and for at least the term of the probation.
- D. Exclusion from participation in the Medicare, Medicaid and Federal health care programs:
- Whenever a practitioner is excluded from participation in the Medicare, Medicaid, and all Federal health care programs, his/her Association membership and clinical privileges shall be immediately and automatically terminated.
- E. Insurance:
- For any failure to maintain the programs of insurance as described

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in Article XIV, a practitioner's Association membership and clinical privileges shall be immediately and automatically suspended and shall remain suspended until the practitioner provides evidence satisfactory to the Chief Medical Officer that he/she has secured such programs of insurance in the amounts required. Any failure to provide such evidence within three (3) months after the date the automatic suspension became effective shall be deemed to be a voluntary resignation of the practitioner's Association membership.

F. Incomplete Medical Records:

Members are required to complete medical records within the time prescribed in the relevant Rules and Regulations and/or Hospital policies. Failure to timely complete medical records shall result in an automatic suspension after notice is given as provided in the Rules. Such suspension shall apply to the member's right to admit, treat or provide services to new patients in the Hospital, but shall not affect the right to continue to care for a patient the member has already admitted or is treating. The suspension shall continue until the delinquent medical records are completed.

G. As soon as practicable after action is taken as described in Section 3 (B), Subsections 2, 3, or 4, or in Section 3 (C) or (D) of this Article VI, the Executive Committee shall convene to review and consider the facts upon which such action was predicated. The Executive Committee, or any other person or body authorized by these bylaws to request corrective action, may request additional corrective action based upon information disclosed or otherwise made available, and in such event, the corrective action process set forth in Section 1 of this Article VI shall be followed as to such additional corrective action. Except as to any such additional corrective action, the affected practitioner shall not be entitled to a hearing and appellate review under Article VII.

H. Whenever a practitioner's clinical privileges are automatically suspended or restricted in whole or in part, notice of such suspension shall be given to the practitioner, the Executive Committee, the Chief Medical Officer, the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Director. However, the giving of such notice shall not be required in order for any automatic suspension or restriction to become effective. Upon the effective date of an automatic suspension or restriction, the Director, the Chief Medical Officer, or the responsible department chair shall have the authority to provide for alternative medical coverage for the patients of the suspended or restricted practitioner still in the Hospital at the time of such suspension or restriction.

SECTION 4. EXHAUSTION OF REMEDIES

If any routine corrective action, summary suspension, or automatic suspension, as set forth in Sections 1, 2 and 3 of this Article VI, is taken or recommended, the practitioner shall exhaust all the remedies afforded by these bylaws before resorting to any legal action.

ARTICLE VII

HEARING AND APPELLATE REVIEW PROCEDURE

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1827 SECTION 1. DEFINITIONS
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- 1829 A. "Body whose decision prompted the hearing" means the person who,
1830 or body which, pursuant to the Association bylaws, rules and
1831 regulations, rendered the decision which resulted in a hearing
1832 being requested.
1833
1834 B. "Notice" means a written communication sent by certified or
1835 registered mail, return receipt requested.
1836
1837 C. "Person who requested the hearing" means the applicant or
1838 Association member, as the case may be, who has requested a
1839 hearing pursuant to Section 2 of this Article VII.
1840

1841 SECTION 2. REQUEST FOR HEARING
1842

- 1843 A. In all cases in which the person or body which under these bylaws
1844 has the authority to take, and pursuant to this authority has
1845 taken, any of the actions constituting grounds for hearing as set
1846 forth in Subsection B of this Section 2, the applicant or
1847 Association member, as the case may be, shall promptly be given
1848 notice. Such applicant or member shall have fifteen (15) days
1849 following the date of the receipt of such notice within which to
1850 request a hearing by the Judicial Review Committee hereinafter
1851 referred to. Such request shall be by notice to the Chief Medical
1852 Officer. In the event the applicant or member does not request a
1853 hearing within the time and in manner set forth in this
1854 subsection, he/she shall be deemed to have accepted the action
1855 involved, and it shall thereupon become effective immediately,
1856 subject to Article XVIII.
1857

- 1858 B. Except as otherwise provided in these bylaws, any one or more of
1859 the following actions shall constitute grounds for a hearing:
1860

- 1861 1. Denial of Association membership;
1862
1863 2. Denial of requested advancement in Association membership
1864 category;
1865
1866 3. Denial of Association reappointment;
1867
1868 4. Demotion to lower Association membership category;
1869
1870 5. Suspension of Association membership;
1871
1872 6. Revocation of Association membership;
1873
1874 7. Denial of requested privileges;
1875
1876 8. Involuntary reduction of privileges;
1877
1878 9. Suspension of privileges;
1879
1880 10. Termination of privileges;
1881
1882 11. Requirement of consultation;
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1884 12. Any other action which requires a report to be made to the
1885 Medical Board of California or other appropriate State
1886 licensing agency pursuant to California Business and
1887 Professions Code Section 805.

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- C. Upon receipt of a request for hearing, the Chief Medical Officer shall deliver such request to the Executive Committee at its next regular or special meeting, if a special meeting is deemed necessary by the President of the Association. The Executive Committee shall, within fifteen (15) days after receipt of such request, schedule and arrange for a hearing. The date of the commencement of the hearing shall not be less than thirty (30) days nor more than sixty (60) days from the date of receipt of the request by the Chief Medical Officer for a hearing; provided that when the request is received from a member who is under suspension which is then in effect, the hearing shall be held as soon as the arrangements may reasonably be made, but not to exceed fifteen (15) days from the date of receipt of the request for hearing by the Chief Medical Officer.
 - D. As a part of, or together with, the notice of hearing, the Executive Committee shall state in writing, in concise language, the acts or omissions with which the applicant or Association member is charged, a list of charges by chart number under question, or the reasons for the denial of the application or request of the applicant or Association member. If either party, by notice, requests a list of witnesses, then each party within fifteen (15) days of such request shall furnish to the other a list, in writing, of the names and addresses of the individuals, so far as is then reasonably known, who will give testimony or evidence in support of that party at the hearing.
 - E. When a hearing is requested, the Executive Committee shall appoint a Judicial Review Committee which shall be composed of not less than five (5) members of the Active Staff who shall not have actively participated in the consideration of the matter involved at any previous level. Such appointment shall include designation of the chair. Knowledge of the particular matter on appeal shall not preclude a member from serving as a member of the Judicial Review Committee.
 - F. Failure, without a showing of good cause by the person requesting the hearing, to appear and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations or actions involved which shall become final and effective immediately, subject to Article XVIII.
 - G. Postponements and extensions of time beyond the time expressly permitted in these bylaws may be requested by anyone but shall be permitted by the Judicial Review Committee or its chair acting upon its behalf only on a showing of good cause.
 - H. Within fifteen (15) days after final adjournment of the hearing [provided that in the event the member is currently under suspension, this time shall be ten (10) days], the Judicial Review Committee shall render a decision which shall be accompanied by a report in writing to the body whose decision prompted the hearing, to the Executive Committee, and to the chair of the involved department. The decision of the Judicial Review Committee shall be to affirm, modify, or reverse the decision of the body whose decision prompted the hearing. In all cases, a copy of such decision and report shall be forwarded to the Director. The report shall contain a concise statement of the reasons justifying the decision made. At the same time, a copy of the decision and report shall be delivered to the person who requested the hearing by registered or certified mail, return receipt requested.

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1951
1952 I. The decision of the Judicial Review Committee shall be considered
1953 final, subject only to the right of appeal as provided in Section
1954 4 of this Article VII.
1955
1956 J. No person who requested the hearing shall be entitled to more than
1957 one (1) hearing on any single matter which may be the subject of a
1958 hearing.
1959 SECTION 3. HEARING PROCEDURE
1960
1961 A. Under no circumstances shall the hearing be conducted without the
1962 personal presence of the person requesting the hearing unless
1963 he/she has waived such appearance in writing or has failed without
1964 good cause to appear after appropriate notice.
1965
1966 B. The hearings provided for in these bylaws are for the purpose of
1967 intraprofessional resolution of matters bearing on conduct or
1968 professional competency. Accordingly, neither the person
1969 requesting the hearing, the Executive Committee, nor the Director
1970 shall be represented in any phase of the hearing or appeals
1971 procedure by an attorney at law unless the Judicial Review
1972 Committee, in its sole discretion, permits both sides to be
1973 represented by legal counsel. The person requesting the hearing
1974 shall be entitled to be accompanied by and represented at the
1975 hearing only by a physician, dentist, podiatrist, or clinical
1976 psychologist who is licensed to practice in the State of
1977 California, who is not an attorney at law, and who, preferably, is
1978 a member in good standing of the Association. The body whose
1979 decision prompted the hearing may appoint a representative from
1980 the attending staff who shall present its decision and the
1981 materials in support thereof and examine witnesses.
1982
1983 C. The presiding officer at the hearing shall be the hearing officer
1984 or, if none has been appointed in accordance with Subsection D of
1985 this Section 3, the chair of the Judicial Review Committee. The
1986 presiding officer shall act to ensure that all participants in the
1987 hearing have a reasonable opportunity to be heard, to present all
1988 oral and documentary evidence, and that decorum is maintained.
1989 He/she shall be entitled to determine the order of procedure
1990 during the hearing. He/she shall have the authority and
1991 discretion, in accordance with these bylaws, to make all rulings
1992 on questions which pertain to matters of the law and to the
1993 admissibility of evidence.
1994
1995 D. At the request of the person who requested the hearing, the
1996 Executive Committee, the Judicial Review Committee or the
1997 Director, on his/her own request, the Director may appoint a
1998 hearing officer, who may be an attorney at law, qualified to
1999 preside at the hearing. He/she must not act as a prosecuting
2000 officer or as an advocate for the Hospital, the Director, the
2001 Executive Committee, or the body whose decision prompted the
2002 hearing. If requested by the Judicial Review Committee, he/she
2003 may participate in the deliberations of such body and be a legal
2004 advisor to it, but he/she shall not be entitled to vote.
2005
2006 E. The Judicial Review Committee shall maintain a record of the
2007 hearing by one of the following methods: by a certified shorthand
2008 or stenographic reporter present to make a record of the hearing,
2009 or by a recording of the proceedings. The cost of any certified
2010 shorthand or stenographic reporter and any transcript shall be
2011 borne by the party requesting same. The Judicial Review Committee

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Deleted: Such hearing officer may be legal counsel to Los Angeles County, provided that he/she acts during the hearing in accordance with this Article VII

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may, but shall not be required to, order that oral evidence shall be taken only on oath or affirmation administered by any person designated by such body and entitled to notarize documents in the State of California.

- F. At a hearing, both sides shall have the following rights: to ask Judicial Review Committee members questions which are directly related to determining whether they are impermissibly biased and to challenge such members, to call and examine witnesses, to introduce exhibits or other documents, to cross-examine any witness on any matter relevant to the issues, to impeach any witness, and to rebut any evidence. If the applicant or Association member does not testify in his/her own behalf, he/she may be called and examined as if under cross-examination. Any challenge to one or more members of the Judicial Review Committee shall be resolved by the Committee prior to continuation of the hearing.
- G. The hearing shall not be conducted according to the rules of law relating to the examination of witnesses or presentation of evidence. Any relevant evidence shall be admitted by the presiding officer if it is the sort of evidence on which responsible persons are accustomed to rely on in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. Each party shall have the right to submit a memorandum of points and authorities, and the Judicial Review Committee may request such a memorandum to be filed following the close of the hearing. The Judicial Review Committee may interrogate the witnesses or call additional witnesses if it deems it appropriate.
- H. The presiding officer shall have the discretion to take official notice of any matters, whether technical or scientific, relating to the issues under consideration which could have been judicially noticed by the courts of this State. Participants in the hearing shall be informed of the matters to be officially noticed, and they shall be noted in the record of the hearing. The person requesting the hearing shall have the opportunity to request that a matter be officially noticed or to refute the noticed matters by evidence or by written or oral presentation of authority. Reasonable additional time, not to exceed thirty (30) days, shall be granted, if requested, to present written rebuttal of any evidence submitted on official notice.
- I. The decision of the Judicial Review Committee shall be based on the evidence produced at the hearing. This evidence may consist of the following:
1. Oral testimony of witnesses;
 2. Briefs or memoranda of points and authorities presented in connection with the hearing;
 3. Any materials contained in the Hospital or Association personnel files regarding the person who requested the hearing, which have been made a part of the hearing record; Deleted: Medical Center
 4. Any and all applications, references, medical records and other documents, which have been made a part of the hearing record;
 5. All officially noticed matters; and

2074
2075 6. Any other admissible evidence.
2076

2077 J. Except as otherwise required by law, at any hearing involving any
2078 of the grounds for hearing specified in Section 2, Subsection B,
2079 points I, ii, iii or vii of this Article VII, it shall be
2080 incumbent on the person who requested the hearing to initially
2081 come forward with evidence in support of his/her position. In all
2082 other cases specified in Section 2, Subsection B of this Article
2083 VII, it shall be incumbent on the body whose decision prompted the
2084 hearing to initially come forward with evidence to support its
2085 decision. Thereafter, the burden shall shift to the person who
2086 requested the hearing to come forward with evidence in his/her
2087 support. In all cases in which a hearing is conducted under this
2088 Article VII, after all the evidence has been submitted by both
2089 sides, the Judicial Review Committee shall rule against the person
2090 who requested the hearing unless it finds that such person has
2091 proven, by a preponderance of the evidence, that the action of the
2092 body whose decision prompted the hearing was arbitrary,
2093 unreasonable, not supported by the evidence, or otherwise
2094 unfounded.
2095

2096 K. The presiding officer may adjourn the hearing and reconvene the
2097 same at the convenience of the participants without special
2098 notice. Upon conclusion of the presentation of oral and written
2099 evidence, the hearing shall be closed. The Judicial Review
2100 Committee shall thereupon, outside of the presence of any other
2101 person, conduct its deliberations and render a decision and
2102 accompanying report, in the manner and within the time as provided
2103 in Section 2, Subsection H of this Article VII.
2104

2105 SECTION 4. APPEAL TO DIRECTOR
2106

2107 A. Within fifteen (15) days after receipt of the decision of the
2108 Judicial Review Committee, either the person who requested the
2109 hearing or the body whose decision prompted the hearing may
2110 request an appellate review by the Director. Such request shall
2111 be to the Director, in writing, and shall be delivered either in
2112 person or by certified or registered mail, return receipt
2113 requested. If such appellate review is not requested within such
2114 period, both sides shall be deemed to have accepted the action
2115 involved, and it shall thereupon become final and shall be
2116 effective immediately, subject to Article XVIII. The written
2117 request of appeal shall also include a brief statement of the
2118 reasons for appeal.
2119

2120 B. The grounds for appeal from the hearing shall be: (1) substantial
2121 failure of any person or body to comply with the procedures
2122 required by these bylaws in the conduct of the hearings and
2123 decisions upon hearings so as to deny due process and a fair
2124 hearing, or (2) the action taken by the Judicial Review Committee
2125 was arbitrary, capricious, with prejudice, or not supported by
2126 substantial evidence.
2127

2128 C. In the event of any appeal to the Director, as set forth in the
2129 preceding Subsection B, the Director shall within fifteen (15)
2130 days after receipt of such notice of appeal, schedule and arrange
2131 for an appellate review. The Director shall cause the applicant
2132 or member to be given notice of the time, place, and date of the
2133 appellate review. The date of the appellate review shall not be
2134 less than thirty (30) days, nor more than sixty (60) days, from
2135 the date of receipt of the request for appellate review; provided

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that when a request for appellate review is from a member who is under suspension which is then in effect, the appellate review shall be held as soon as the arrangements may reasonably be made and not to exceed thirty (30) days from the date of receipt of the request for appellate review. The time for appellate review may be extended by the Director upon a showing of good cause.

- D. When an appellate review is requested, the Director shall appoint an Appeal Board which shall be composed of an odd number of not less than five (5) Appeal Board members, one of whom shall be designated by the Director as chair. The Chief Medical Officer shall be an Appeal Board member. The remaining members shall be appointed from the administrative and/or attending staffs of the Hospital, or shall be other competent individuals, chosen at the discretion of the Director. Knowledge of the particular matter on appeal shall not preclude anyone from serving as a member of the Appeal Board.

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- E. The proceedings of the Appeal Board shall be in the nature of an appellate hearing based upon the record of the hearing before the Judicial Review Committee, provided that the Appeal Board may, in its sole discretion, accept additional oral or written evidence subject to the same rights of cross-examination or confrontation provided at the Judicial Review Committee hearing. Each party shall have the right to present a written statement in support of his/her position on appeal, and in its sole discretion, the Appeal Board may allow each party or representative to personally appear and make oral argument. At the conclusion of oral argument, if allowed, the Appeal Board may thereupon at a time convenient to itself conduct deliberations outside the presence of the appellant and respondent and their representatives. The Appeal Board, after its deliberations, shall recommend, in writing, that the Director affirm, modify, or reverse the decision of the Judicial Review Committee, or refer the matter back to the Judicial Review Committee for further review and recommendations.

- F. Within fifteen (15) days after receipt of the recommendations of the Appeal Board, the Director shall render a final decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee in person or by certified or registered mail, return receipt requested. The Director may affirm, modify or reverse the decision of the Judicial Review Committee or, in his/her sole discretion, refer the matter back to the Judicial Review Committee for further review and recommendations.

- G. Except where the matter is referred back to the Judicial Review Committee for further review and recommendation in accordance with Subsection f of this Section 4, the final decision of the Director following the appeal procedures set forth in this Section 4, shall be effective immediately and shall not be subject to further review. If the matter is referred back to the Judicial Review Committee for further review and recommendation, such Committee shall promptly conduct its review and report back to the Director within thirty (30) days except as the parties may otherwise stipulate in writing to extend such period. Within fifteen (15) days after receipt of the Judicial Review Committee's recommendations, the Director shall render a decision in writing and shall deliver copies thereof to the applicant or Association member and to the Executive Committee either in person or by certified or registered mail, return receipt requested. The Director may affirm, modify or reverse the decision of the

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2198 Judicial Review Committee, and such decision shall be final and
2199 effective immediately and shall not be subject to further review.
2200
2201 H. Except as otherwise provided in these bylaws, no applicant or
2202 Association member shall be entitled as a matter of right to more
2203 than one appeal to the Director on any single matter which may be
2204 the subject of an appeal.
2205

2206 SECTION 5. EXHAUSTION OF REMEDIES

2207
2208 If any action described in Subsection B of Section 2 of this Article VII is
2209 taken or recommended, the practitioner shall exhaust all the remedies afforded
2210 by these bylaws before resorting to any legal action.
2211

2212 ARTICLE VIII

2213 DEPARTMENTS AND DIVISIONS

2214 SECTION 1. ORGANIZATION OF THE ASSOCIATION

2215
2216 A. The Chief Medical Officer shall be responsible for the functioning
2217 of the clinical organization of the Hospital and shall keep or
2218 cause to be kept a careful supervision over all the clinical work
2219 done in the Hospital.
2220

2221
2222 B. The Association shall be organized into departments, which are
2223 reflective of the scope of services provided within the Hospital.
2224 Each department shall have a chair who is supervised by the Chief
2225 Medical Officer and who shall be responsible for the overall
2226 supervision of the clinical, educational and research activities
2227 within his/her department. The departments may have one or more
2228 divisions, which shall be specifically delineated in these bylaws.
2229 To the extent any are established, each division shall be
2230 organized as a specialty within a department, shall be directly
2231 responsible to the department within which it functions, and shall
2232 have a division chief who is selected and has the authority,
2233 duties and responsibilities as specified in this Article VIII.
2234

2235 SECTION 2. CURRENT DEPARTMENTS AND DIVISIONS

2236
2237 A. The current departments and divisions are:
2238

2239 1. Department of Emergency Medicine
2240

2241 2. Department of Medicine, which shall include practitioners in
2242 the following fields: Cardiology, Dermatology, Endocrinology and Metabolic
2243 Diseases, Family Medicine, Gastroenterology, General Internal Medicine,
2244 Geriatrics and Gerontology, Hematology and Oncology, Infectious Diseases,
2245 Nephrology and Hypertension, Neurology, Psychiatry, Psychology, Pulmonary,
2246 Critical Care Medicine and Thoracic Diseases.
2247

2248 3. Department of Ancillary Medicine which shall include
2249 practitioners from the following divisions: Radiology, Anesthesiology, and
2250 Pathology
2251

2252 4. Department of Womens and Childrens Health, which shall
2253 include practitioners in Obstetrics and Gynecology and Pediatrics
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1. Department of
Anesthesiology

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Oral and Maxillofacial
Surgery
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Deleted: 4. Department of
Family Medicine

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Deleted: A) Division of
General Internal Medicine
(B) Division of Cardiology
(C) Division of
Gastroenterology
(D) Division of Infectious
Diseases
(E) Division of Pulmonary
and Thoracic Diseases
(F) Division of Nephrology
and Hypertension
(G) Division of
Endocrinology and Metabolic
Diseases
(H) Division of Hematology
and Oncology
(I) Division of Dermatology
(J) Division of Geriatrics
and Gerontology

Deleted: 6. Department of
Neuroscience

(A) Division of Neurology
(B) Division of Neurosurgery
<#>Department of Obstetrics,
Gynecology and Women's
Health

<#>Department of
Ophthalmology

<#>Department of Orthopedics

10. Department of
Otolaryngology and Head and
Neck Surgery

(A) Division of
Communicative Disorders
(B) Division of Otolaryngology and
Otoneurology

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Medicine

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2259				Deleted: 13. Department of Psychiatry¶
2260				Deleted: 14. Department of Radiology¶
2261	5.	Department of Surgery, which shall include practitioners in		Deleted: 15.
2262		Dentistry, General Surgery, Head and Neck Surgery/Otolaryngology,		Deleted: ¶
2263		Orthopedics, Ophthalmology, Oral and Maxillofacial Surgery, Podiatry, and		Deleted: A) Division of General Surgery
2264		Urology.		Deleted: (B) Division of Thoracic Surgery
2265				Deleted: C) Division of Plastic Surgery¶
2266				Deleted: (D) Division of Urology
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2268		The Department of Medicine and the Department of Emergency Medicine		
2269		shall meet jointly no less than once each quarter to address issues of common		
2270		concern.		
2271				
2272				
2273	B.	CHANGES IN DEPARTMENTS AND DIVISIONS		
2274				
2275		Subject to the approval of the Director acting as the delegate of		
2276		the Governing Body, the organization of the Association, as set		
2277		forth in this Section 2, may be changed from time to time by the		
2278		Executive Committee with the advice of Hospital Administration.		Deleted: Medical Center
2279		Prior to taking action regarding any proposed change, the		
2280		Executive Committee shall seek approval of the change at any		
2281		annual or special Association meeting before the change becomes		
2282		effective. Following Executive Committee action, such change shall		
2283		be effective as a change to these bylaws, only upon approval by		
2284		the Director, which approval shall not be withheld unreasonably.		
2285		The President shall notify all members of the Association of any		
2286		approved change. Notwithstanding the above, it shall be		
2287		exclusively within the control and discretion of the Director and		
2288		the Governing Body to establish the scope and venue of services		
2289		provided within the Hospital, including, but not limited to, the		Deleted: Medical Center
2290		creation, elimination, consolidation or modification of specific		
2291		departments of the Hospital.		Deleted: Medical Center
2292				
2293				
2294		SECTION 3. ASSIGNMENT TO DEPARTMENTS AND DIVISIONS		
2295				
2296		Each practitioner shall be assigned membership in at least one department and,		
2297		if appropriate and applicable, a division, but may be granted membership		Deleted: if appropriate,
2298		and/or clinical privileges in one or more other departments or divisions. The		
2299		exercise of privileges within each department shall be subject to the rules		
2300		and regulations therein and to the authority of the department chair and, if		
2301		appropriate, the division chief.		
2302				
2303		SECTION 4. FUNCTIONS OF DEPARTMENTS		
2304				
2305	A.	Each department shall establish its own criteria, consistent with		Deleted: A. The department chairs shall serve as liaison between the departments and the Chief Medical Officer and shall also serve to coordinate the functions of the departments under their jurisdiction.¶
2306		the policies of the Hospital and the Association, for the		
2307		granting and monitoring of clinical privileges in the department		Deleted: B
2308		and reappointment to the Association, and such criteria must be		Deleted: Medical Center
2309		approved by the Executive Committee.		Deleted: C
2310				Deleted: D
2311	B.	Each department shall propose, through its chair, rules and		
2312		regulations for the department that will apply in practice the		
2313		general principles set forth in these bylaws.		
2314				
2315	C.	Departments shall meet at least monthly to review and analyze on		
2316		a peer group basis the ongoing monitoring and evaluation of the		
2317		quality and appropriateness of the care and treatment provided to		
2318		patients. Each department shall submit a monthly report to the		
2319		Executive Committee detailing its review and analyses of patient		
2320		care.		

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D. Each department shall conduct performance improvement activities as described in the Hospital's Performance Improvement Program as approved by the Director.

E. Each department shall establish such committees or other mechanisms as are necessary and desirable to properly perform the functions assigned to it.

F. Each department shall conduct or participate in, and make recommendations regarding the need for, continuing education programs pertinent to changes in the state-of-the-art and to findings of review, evaluation and monitoring activities.

SECTION 5. FUNCTIONS OF DIVISIONS

After establishment in these bylaws, each division shall, upon the approval of the Executive Committee and the Director, perform the functions assigned to it by its department chair. Such functions may include, without limitation, retrospective patient care audit, the continuous monitoring of patient care practices, credentials review and privileges delineation, and continuing education programs. The division shall transmit regular reports to the department chair on the conduct of its assigned functions.

SECTION 6. RESPONSIBILITIES OF DEPARTMENT CHAIRS AND DIVISION CHIEFS

A. Each department chair shall be responsible for the following:

1. All clinical related activities in the department.

2. All administrative related activities of the department unless otherwise provided by the Hospital.

3. Serving as liaison between the departments and the Chief Medical Officer

4. The integration of the department into the primary functions of the Association.

5. The coordination and integration of Interdepartmental and Intradepartmental services.

6. The development and implementation of policies and procedures that guide and support the provision of services.

7. The recommendations for a sufficient number of qualified and competent persons to provide care/services.

8. Continuing surveillance of the professional performance of all persons in the department who have delineated clinical privileges in the department.

9. Recommending to the Executive Committee the criteria for clinical privileges that are relevant to the services provided in the department.

10. Recommending clinical privileges for each applicant and member of the department.

11. The determination of the qualifications and competence of departmental personnel who are not licensed independent practitioners.

12. The continuous assessment and improvement of the quality of care and services provided.

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2383		13. The maintenance of quality control programs, as appropriate.	Formatted: Bullets and Numbering
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2385		14. The orientation and continuing education of all persons in the	Formatted: Bullets and Numbering
2386		department.	
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2388		15. Recommendations for space and other resources needed by the	Formatted: Bullets and Numbering
2389		department.	
2390		16. Assessing and recommending to the relevant Hospital	Deleted: ¶
2391		authority off-site sources for needed patient care services not	Formatted: Indent: Left: 1.03"
2392		provided by the department or the Hospital.	Deleted: Medical Center
2393			Deleted: Medical Center
2394		17. Assuring the departmental activities are considered for	Deleted: 16
2395		inclusion in the Hospital's performance improvement	Deleted: Medical Center
2396		program.	
2397			
2398		18. Performing such other duties as may from time to time be	Formatted: Bullets and Numbering
2399		reasonably requested of him/her by the President of the Association, the Chief	
2400		Medical Officer, the Executive Committee, the Chief Medical Officer of Health	
2401		Services, or the Director.	
2402			
2403		B. Each department chair shall be a member of the Executive	Formatted: Outline numbered +
2404		Committee.	Level: 1 + Numbering Style: A, B, C,
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2406		Each division chief, if any, shall be responsible for all professional,	Aligned at: 0" + Tab after: 0" +
2407		administrative and educational activities delegated to him/her	Indent at: 0", Tabs: 0.65", List tab
2408		within his/her division by the chair of his/her department.	Formatted: Indent: Left: 0"
2409			Deleted: ¶
2410		SECTION 7. APPOINTMENT AND REMOVAL OF DEPARTMENT CHAIRS AND DIVISION CHIEFS	
2411			
2412		The department chairs and division chiefs, if any, shall all be members of the	
2413		Active Staff who are qualified by training, experience and demonstrated	
2414		abilities to be the chair of the particular department or chief of the	
2415		particular division and shall be willing and able to discharge the functions	
2416		of chair of the particular department or chief of the particular division.	
2417		They shall be board certified in a specialty or subspecialty of the particular	
2418		department or particular division or be able to establish, through the	
2419		privilege delineation process, that they possess comparable competence. They	
2420		shall be appointed by the Director, upon the recommendation of the Chief	
2421		Medical Officer. Each department chair and division chief shall serve until	
2422		his/her successor is appointed, unless he/she shall sooner resign or be	
2423		removed. Removal of a department chair or division chief shall be effected by	
2424		the Director acting either on his/her own initiative following consultation	
2425		with the Chief Medical Officer and the President, or on the recommendation of	
2426		the Chief Medical Officer or the Executive Committee.	
2427			
2428			
2429		ARTICLE IX	
2430			
2431		OFFICERS	
2432			
2433		SECTION 1. OFFICERS OF THE ASSOCIATION	
2434			
2435		A. OFFICERS OF THE ASSOCIATION	
2436			
2437		The elected officers of the Association shall be:	
2438			
2439		1. President	
2440			
2441		2. Vice-President	Formatted: No bullets or numbering
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2443 | 3. Secretary/Treasurer

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2445 | B. The Chief Medical Officer shall be an ex-officio officer of the
2446 | Association, shall also be a voting
2447 | member.

2448

2449 | SECTION 2. QUALIFICATIONS

2450

2451 | Elected officers must be members of the Active Staff at the time of nomination
2452 | and election and must remain Active Staff members in good standing during
2453 | their term of office. Failure to maintain such status shall immediately
2454 | create a vacancy in the office involved.

2455

2456 | SECTION 3. ELECTION

2457

2458 | A. The President, Vice President and Secretary/Treasurer shall be
2459 | elected for a one (1) year term at the annual Association meeting.
2460 | Only Active Staff members of the Association shall be eligible to
2461 | vote. Election shall be by simple majority of the votes cast.

2462

2463 | B. The voting shall be by written ballot. In the event that there
2464 | are three (3) or more candidates for office and no candidate
2465 | receives a majority, there shall be successive balloting such
2466 | that the name of the candidate receiving fewest votes is omitted
2467 | from each successive slate until a simple majority vote is
2468 | obtained by one (1) candidate. If two (2) candidates have the
2469 | same number of least votes, both shall be omitted from the
2470 | successive slate.

2471

2472 | C. The nominating committee shall consist of five (5) members of the
2473 | Association including the immediate past-president of the
2474 | Association and four (4) from the Active Staff, appointed by the
2475 | President of the Association at least two (2) months prior to the
2476 | date of the annual meeting. This committee shall offer one or
2477 | more nominees for each of the elected offices. The report of
2478 | this committee shall be appended to the announcement calling for
2479 | the annual Association meeting.

2480

2481 | D. Nominations may also be made by petition signed by at least ten
2482 | (10) members of the Active Staff, accompanied by written consent
2483 | of the nominee(s) and filed with the Secretary at least ten (10)
2484 | days prior to the annual meeting. In this event, the Secretary
2485 | shall promptly advise the membership of the additional
2486 | nomination(s) by mail.

2487

2488 | SECTION 4. TERM OF OFFICE

2489

2490 | Each elected officer shall serve a one (1) year term or until a successor is
2491 | elected. Nothing contained herein shall preclude an individual from being
2492 | elected to the same office for two consecutive terms. Officers shall take
2493 | office on the first day of the Association Year following the election of the
2494 | President.

2495

2496 | SECTION 5. REMOVAL OF ELECTED AND EX-OFFICIO OFFICERS

2497

2498 | Except as otherwise provided, removal of an elected officer may be effected by
2499 | the Executive Committee acting upon its own initiative or by a two-thirds vote
2500 | of the members eligible to vote for officers. Removal of an elected officer
2501 | may be based only upon failure to meet qualifications, as described in Section
2502 | 2 of this Article IX, or failure to perform the duties of the elected office
2503 | as described in these bylaws. Removal of an ex-officio officer shall be
2504 | effected by the Director acting on his/her own initiative.

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SECTION 6. VACANCIES IN OFFICE

Vacancies in office, other than that of President, shall be filled by the Executive Committee. If there is a vacancy in the office of President, the Vice President, shall serve out the remaining term, and the Executive Committee shall appoint a new Vice President.

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SECTION 7. DUTIES OF OFFICERS

A. PRESIDENT: The President shall:

1. Act in coordination and cooperation with the Director, the Chief Medical Officer of Health Services, the Chief Executive Officer, the Chief Medical Officer, in all matters of concern within the Hospital.
2. Preside at all meetings of the Association.
3. Serve as chair of the Executive Committee.
4. Serve as ex officio member of all other Association committees.
5. Be responsible, in conjunction with the Chief Medical Officer, for the enforcement of the Association bylaws, rules and regulations, and for the Association's compliance with procedural safeguards in all instances where corrective action has been requested against a practitioner.
6. Appoint, in consultation with the Chief Medical Officer and with approval of the Executive Committee, committee members and officers to all standing Association committees as listed in Article X except as otherwise provided in Article X.
7. Represent the views, policies, needs and grievances of the Association to the Chief Executive Officer, the Chief Medical Officer of Health Services, and the Chief Medical Officer.
8. Be spokesman for the Association.
9. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.

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B. VICE PRESIDENT

The Vice President, in the absence of the President, he/she shall assume all duties and authority of the President. He/she shall be the vice-chair of the Executive Committee and shall perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, or by the Director.

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C. SECRETARY/TREASURER: The Secretary/Treasurer shall:

1. Keep accurate and complete minutes of all Association meetings and perform other secretarial functions.
2. Serve as secretary of the Executive Committee.
3. With concurrence of the President, call and be responsible for the agenda of all meetings of the Association.

Deleted: 2..Coordinate the cooperative efforts of the President, the Chief Executive Officer, and the Dean of the Professional School in all matters of mutual concern within the Medical Center

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4. To the extent that the Association chose to assess dues, be responsible keeping the accounts of the Association and assuring the proper payment of all Association debts.

D. CHIEF MEDICAL OFFICER

1. Receive and interpret the policies of the Governing Body and the Director to the Association, and report to the Governing Body and the Director, through the Chief Executive Officer and the Chief Medical Officer of Health Services, on the performance and maintenance of quality with respect to the health care provided in the Hospital.
2. Attend to all procedures regarding application for membership in the Association as detailed in these bylaws.
53. Implement Executive Committee's recommendations and suggest items for its consideration.
4. Refer appropriate items to the various other committees of the Association.
5. Coordinate the cooperative efforts of the President, and the Chief Executive Officer in all matters of mutual concern within the Hospital.
6. Serve as an ex officio member of all committees of the Association.
7. Perform such other functions as may be assigned to him/her by these bylaws, by the membership, by the Executive Committee, and by the Director.

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ARTICLE X

COMMITTEES

SECTION 1. GENERAL PROVISIONS

There shall be an Executive Committee and such other standing and special committees as may from time to time be necessary and desirable to perform the Association functions described in these bylaws. The Executive Committee may by resolution establish a committee to perform one or more of the required Association functions.

The committees described in this Article X shall be the standing committees of the Association. Unless otherwise specified, the members of such committees and their chairs shall be appointed by the President subject to approval by the Executive Committee. Chairs of the committees must be Association members in good standing. Such committees shall be responsible to the Executive Committee.

Unless otherwise specified, each committee chair and member shall be appointed for a term of one (1) year and shall serve until the end of this period or until a successor is appointed, whichever occurs later, unless he/she sooner resigns or is removed.

Any committee member, including the chair but not including a committee member serving ex-officio, may be removed by a majority vote of the Executive Committee.

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2630	Unless otherwise specified, any vacancies on any committee shall be filled in		
2631	the same manner in which an original appointment to such committee is made.		
2632			
2633	<u>The committees may elect to act by subcommittee, which shall have the</u>		
2634	<u>authority granted to it by the committee as a whole. However, in no event may</u>		
2635	<u>a subcommittee which consists of less than a quorum of the whole committee</u>		
2636	<u>act on behalf of the whole committee.</u>		
2637			
2638	Whenever these bylaws require that a function be performed by, or that a		
2639	report or recommendation be submitted to a named committee but no such		
2640	committee exists, the Executive Committee shall perform such function or		
2641	receive such report or recommendation or shall assign the functions of such		
2642	committee to a new or existing committee of the Association or to the		
2643	Association as a whole.		
2644			
2645	SECTION 2. EXECUTIVE COMMITTEE		
2646			
2647	A. COMPOSITION		
2648			
2649	The Executive Committee shall consist of the following members,		
2650	except that in all cases a majority of the members shall be		
2651	<u>doctors of medicine or Osteopathic Medicine, and the officers may</u>	Deleted: osteopathy	
2652	<u>adjust the membership of the executive committee at their</u>		
2653	<u>discretion to assure that such requirement is met:</u>		
2654			
2655	1. The elected and ex-officio officers of the Association as		
2656	described in Article IX, Section 1;		
2657			
2658	2. Immediate past President;		
2659			
2660	3. Department chairs,	Deleted: .	
2661			
2662	4. <u>The chairs of the following Association committees:</u>		
2663			
2664	a. <u>Credentials</u>		
2665	b. <u>Performance Improvement</u>		
2666	c. <u>Pharmacy and Therapeutics and Infection Control,</u>	Deleted: dicine or osteopathy	
2667	d. <u>Utilization Management and Medical Records</u>	Deleted: Bylaws, so long as such individual is a doctor of medicine or osteopathy.	
2668		Formatted: Indent: Left: 1.03", Hanging: 0.38"	
2669			
2670	5. <u>One person each from the Department of Medicine, the</u>	Deleted: hy	
2671	<u>Department of Surgery, the Department of Womens and Childrens</u>	Deleted: 4	
2672	<u>Medicine, and the Department of Ancillary Medicine who shall</u>	Deleted: .	
2673	<u>be of a different specialty than the chair of such</u>	Deleted: 5	
2674	<u>department.</u>	Deleted: ,	
2675		Deleted: Dean of the Professional School	
2676	6. <u>Other members of the Active Staff may be appointed to the</u>	Deleted: -elect	
2677	<u>Executive Committee by majority vote of the members of the</u>	Formatted: Outline numbered + Level: 3 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0" + Tab after: 0" + Indent at: 0", Tabs: 1.4", List tab	
2678	<u>Executive Committee.</u>		
2679			
2680	7. <u>The Chief Executive Officer, and Chief Nursing Officer are ex-</u>		
2681	<u>officio, non-voting members.</u>		
2682	<u>The President, Vice President, and Secretary/Treasurer of the</u>		
2683	<u>Association shall serve as chair, vice chair and secretary,</u>		
2684	<u>respectively, of the Executive Committee.</u>		
2685			
2686	B. DUTIES		
2687			
2688	1. <u>Represent and act on behalf of the Association in the</u>		
2689	<u>intervals between Association meetings, subject to such</u>		
2690	<u>limitations as may be imposed by these bylaws.</u>		

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2752
2. Coordinate and implement the professional and organizational activities and policies of the Association.
 3. Coordinate the activities and general policies of the various departments and divisions.
 4. Receive and act upon reports and recommendations from Association committees, departments, and divisions, and from special staff reports.
 5. Provide a formal liaison among the Association, the Chief Executive Officer, and, through the Director, the Governing Body.
 6. Recommend action to the Chief Medical Officer, Chief Executive Officer, and Governing Body, through the Director, on matters of medical-administrative nature.
 7. Fulfill the Association's accountability to the Governing Body for the health care rendered to patients in the Hospital and make recommendations to the Governing Body regarding sufficient resources for the attending staff to render quality health care. Deleted: Medical Center
 8. Assist in obtaining and maintaining licensing, certification and accreditation status for the Hospital. Deleted:
Deleted: Medical Center
 9. Take reasonable steps to develop continuing education activities and programs for the Association.
 10. Review the credentials, performance, and professional competence, character and other qualifications of all applicants and make recommendations to the Director for Association membership appointments and reappointments, assignments to departments, and delineation of clinical privileges, and corrective action.
 11. Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Association, including the initiation and recommendation of and/or participation in Association corrective or review measures when warranted.
 12. Assess and make recommendations regarding the decision to select, renew, modify or terminate an agreement for contracted health services. Such recommendations shall focus exclusively on the effect of the contracted health service on the quality of patient care. Where the contract involves the renewal, modification, amendment or termination of an exclusive contract for physician services in specific specialty, the Association's recommendation shall be made no later than 15 days after notice by the Chief Executive Officer, Director, or their designee to the President of an intention to select a contractor or to renew, modify or terminate an exclusive contract for a department or service. Prior to reaching a final decision on an exclusive contract for physician services in a specific specialty, the Chief Executive Officer or Director shall consider any such recommendation which is made within the time period established in this section. Deleted: selection of contracted health services and the evaluation of such services through Department of Health Services' monitoring activities.
 13. Report at the annual meeting of the Association.

2753			
2754		14. Oversee the peer review process.	
2755			
2756		15. Annually review, evaluate and recommend approval of the	
2757		<u>Hospital wide Performance Improvement Plan.</u>	Deleted: Medical Center
2758		16. Perform any other tasks assigned to it in these bylaws, or in	
2759		<u>the Rules and Regulations of the Association.</u>	
2760			
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2762	C.	MEETINGS	
2763			
2764		The Executive Committee shall meet at least ten (10) months per	
2765		year, shall maintain a permanent record of its proceedings and	
2766		actions, and shall submit a report during at least ten (10)	
2767		months per year <u>to the Director on its activities.</u>	Deleted:
2768			
2769	SECTION 3.	CREDENTIALS COMMITTEE	
2770			
2771	A.	COMPOSITION	
2772			
2773		The Credentials Committee shall consist no less than 5 (five)	
2774		<u>members including three to five (3-5) members of the Active</u>	Deleted: of
2775		<u>Staff, and the Chief Medical Officer or his designee.</u>	Deleted: .
2776			
2777	B.	DUTIES	
2778			
2779		1. Review all information available including the qualifications	
2780		and credentials of all applicants for appointment or	
2781		reappointment and make recommendations for Association	
2782		membership appointment and reappointments, assignments to	
2783		departments, and delineation of clinical privileges in	
2784		accordance with Articles IV and V.	Deleted: .
2785			
2786		2. Make reports to the Executive Committee, in accordance with	
2787		Articles IV and V, on each applicant for Association membership or clinical	
2788		privileges, including specific consideration of the recommendation(s) from the	
2789		department(s) in which such applicant has requested privileges.	Deleted: §
2790			§
2791		The Credentials Committee shall meet at least ten (10) months per	
2792		year, shall maintain a permanent record of its proceedings and	
2793		actions, and shall submit a report during at least ten (10)	
2794		months per year to the Executive Committee on its activities.	
2795			
2796	SECTION 4.	PERFORMANCE IMPROVEMENT COMMITTEE	Deleted: PHYSICIAN
2797			
2798	A.	COMPOSITION	
2799			
2800		The membership of the Performance Improvement Committee shall be	Deleted: Physician
2801		composed of five to seven (5-7) members of the Active Staff, at	
2802		least one of whom shall be a member of the Department of	Deleted: PSA
2803		<u>Medicine, the Association Vice President, the Chief Medical</u>	Deleted: -elect,
2804		<u>Officer, and the Director of Quality Management/Performance</u>	
2805		<u>Improvement, and one representative each from nursing, pharmacy,</u>	Deleted: the Associate
2806		<u>health information systems utilization review and plant</u>	Medical Director for
2807		<u>management/safety. Representatives from other Hospital</u>	Utilization Management &
2808		<u>departments shall be required to attend Committee meetings when</u>	Clinical Programs (will this
2809		<u>requested by the Committee.</u>	position still exist?),
2810			Deleted: [Will this position
2811	B.	DUTIES	still exist?]
2812			Deleted: .
2813		1. Monitor to assure that quality assessment is performed on a	Deleted: Medical Center
2814		<u>hospital wide basis in accordance with properly established quality assurance</u>	

2815 | programs.

2816 |

2817 | 2. Assure that systems are in place to identify potential

2818 | problems with patient care using quality indicator data;

2819 |

2820 |

2821 | 3. Assist with the assignment of priorities for quality

2822 | improvement initiatives and with the identification of responsible individuals

2823 | and groups.

2824 |

2825 | 4. Review, evaluate and approve plans for monitoring,

2826 | evaluating, and improving patient care.

2827 |

2828 | 5. Assure that plans for monitoring, evaluating and improving

2829 | care are fully effectuated, and that appropriate reporting of data and results

2830 | occurs.

2831 |

2832 | 6. Establish systems to identify potential problems in the

2833 | physician component of patient care.

2834 |

2835 | 7. Refer priority problems for assessment and corrective action to

2836 | appropriate departments or committees.

2837 | 8. Receive reports at least quarterly from each department on its

2838 | performance improvement throughout the Hospital.

2839 | 9. Coordinate and monitor results of performance improvement

2840 | activities relating to physician performance.

2841 |

2842 | 10. Assist the Association and the Hospital to meet the

2843 | requirements of the Joint Commission on Accreditation of

2844 | Healthcare Organizations, and the Center for Medicare and Medicaid

2845 | Services and other applicable requirements relating to performance

2846 | improvement.

2847 |

2848 | 11. Report relevant findings and results of performance

2849 | improvement activity to the Executive Committee and Governing

2850 | Body.

2851 |

2852 | 12. Provide oversight for peer review activities at the Department

2853 | level.

2854 |

2855 |

2856 | C. MEETINGS

2857 |

2858 | The Committee shall meet quarterly; shall maintain a permanent

2859 | written record of its proceedings and actions, and shall submit a

2860 | quarterly report to the Executive Committee on its activities.

2861 |

2862 |

2863 | SECTION 5. UTILIZATION MANAGEMENT AND MEDICAL RECORDS COMMITTEE

2864 |

2865 | A. COMPOSITION

2866 |

2867 | The Utilization Management and Medical Records Committee shall

2868 | consist of three to five (3-5) members of the Active Staff, the

2869 | Utilization Management Director, the Director of Health

2870 | Information Management and one (1) representative from each of

2871 | the following: medical social services, nursing service,

2872 | hospital administration, medical administration, and fiscal

2873 | administration.

2874 |

2875 | B. DUTIES

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3. Review, evaluate and approve departmental and committee plans for monitoring, evaluating and improving patient care. 9

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1. Provide support in evaluation of appropriateness of services and length of stay, and review reports related to the utilization of hospital resources.
2. Trend data and make recommendations for extended stay cases.
3. Review and evaluate medical records, or a representative sample, to determine whether the medical records:
 - (A) Properly describe the condition and diagnosis, the progress of the patient during hospitalization and at the time of discharge, the treatment and tests provided, the results of such tests, and adequately identify individuals responsible for orders given and treatment and tests rendered.
 - (B) Are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the Hospital.
4. Review and make recommendations for Association and Hospital policies, rules and regulations relating to medical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and methods of enforcement.
5. Provide liaison with Hospital Administration and the medical records professionals on matters relating to medical records practices.
6. Assure that the Hospital meets the requirements of the Joint Commission on Accreditation of Healthcare Organizations requirements and the Centers for Medicare and Medicaid Services related to medical records.
7. Review and approve all Hospital policies and regulations relating to medical records as well as new forms, prior to their institution in the medical record.
8. Conduct in-depth surveys of all medical service records.

C. MEETINGS

The Utilization Management and Medical Records Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.

SECTION 6. PHARMACY AND THERAPEUTICS COMMITTEE

A. COMPOSITION

The Pharmacy and Therapeutics Committee shall consist of three to 5 (3-5) physician representatives, at least one of whom is from the Department of Medicine, and at least one (1) representative from each of the following: nursing service, housekeeping and pharmacy service.

B. DUTIES

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Deleted: SECTION 6. MEDICAL RECORDS COMMITTEE A. COMPOSITION The Medical Records Committee shall consist of at least three (3) representatives from the Association, the Director of the Medical Records Department, and one (1) each from the nursing service and medical social services. ¶ B. DUTIES <#>Review and evaluate medical records, or a representative sample, to determine whether the medical records:¶ (A) Properly describe the condition and diagnosis, the progress of the patient during hospitalization and at the time of discharge, the treatment and tests provided, the results thereof, and the adequate identification of individuals responsible for orders given and treatment and tests rendered.¶ ~~~~~Section Break (Continuous)~~~~~ (B) Are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the Medical Center.¶ 2..Review and make recommendations for Association and Medical Center policies, rules and regulations relating to medical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and method ... [2]
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2938	1. Develop policies and procedures related to medication use and	
2939	practices within the <u>Hospital</u> in order to maximize therapeutic	Deleted: Medical Center
2940	outcomes and minimize preventable and non-preventable	
2941	medication events.	
2942		
2943	2. Approve policies and procedures regarding procurement,	
2944	prescribing, dispensing, administration, monitoring and all	
2945	other aspects of medication use throughout the <u>Hospital</u> .	Deleted: Medical Center
2946		
2947	3. Review and approve all requests for formulary changes,	
2948	considering efficacy, patient safety and cost.	
2949		
2950	4. Approve all unit stock and automated cabinet medical stock	
2951	lists throughout the <u>Hospital</u> .	Deleted: Medical Center
2952		
2953	5. Collaborate with the Institutional Review Board appointed by	
2954	the <u>Hospital</u> in the review of research protocols involving	Deleted: Medical Center
2955	medication which are conducted at the <u>Hospital</u> .	Deleted: Medical Center
2956		
2957	6. Review the formulary via therapeutic call review, ensuring	
2958	review of each class at least once every 36 months.	
2959		
2960	7. Approve all medication protocols, clinical pathways, order	
2961	sets, and preprinted order forms.	
2962		Deleted:
2963	8. Approve criteria for medication use evaluations and review	Formatted: Indent: Left: 1"
2964	outcomes of medication usage evaluation data. Approve	Deleted: ¶
2965	recommendations for change in practice, if deemed appropriate to	Deleted: C. MEETINGS¶
2966	maximize patient safety and outcomes.	¶
2967		The Committee shall meet at least monthly, with a
2968	9. Review all preventable and non-preventable medication	minimum of 10 meetings per
2969	events.	year; shall maintain a
2970		permanent written record of
2971	10. Identify and recommend actions effectively to eliminate or	its proceedings and actions,
2972	substantially reduce medication-related errors, as part of an	and shall submit a monthly
2973	ongoing patient safety program.	report to the Executive
2974		Committee on its activities.¶
2975	11. Appoint additional improvement teams as may be desirable.	
2976		Deleted: ¶
2977		SECTION 8. INFECTIOUS
2978		DISEASE CONTROL AND
2979	C. MEETINGS	PREVENTION COMMITTEE¶
2980		¶
2981	The Committee shall meet at least monthly, with a minimum of 10	A. COMPOSITION¶
2982	meetings per year; shall maintain a permanent record of its	¶
2983	proceedings and actions, and shall submit a monthly report to	The Infectious Disease
2984	the Executive Committee on its activities.	Control and Prevention
2985		Committee shall consist of
2986	SECTION 7. THE INFECTION CONTROL COMMITTEE	one (1) representative from
2987		the Department of Medicine,
2988	A. COMPOSITION	at least one (1)
2989		representative from nursing
2990	The Infection Control Committee shall consist of one	service, housekeeping,
2991	representative from the Department of Medicine, at least one representative	pharmacy services, and
2992	from Nursing service, housekeeping, pharmacy services and Hospital	Medical Center
2993	Administration; and such other representatives designated by the Executive	Administration; and such
2994	Committee.	other representatives as
2995		designated by the Executive
2996	B. DUTIES	Committee. ¶
2997		¶
2998		B. DUTIES¶
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2999	1. <u>Develop a Hospital-wide infection control program which</u>	Formatted: Indent: Left: 0", Hanging: 1.5"
3000	<u>maintains infection control surveillance and monitors its</u>	
3001	<u>effectiveness.</u>	
3002		
3003	2. <u>Develop a system for reporting, identifying, reviewing</u>	Formatted: Indent: Left: 1", Hanging: 0.5"
3004	<u>and analyzing incidence and cause of nosocomial</u>	
3005	<u>infections.</u>	
3006		
3007	3. <u>Develop a preventative and corrective program designed to</u>	Formatted: Indent: Left: 1", Hanging: 0.5"
3008	<u>minimize infection hazards, including establishing,</u>	
3009	<u>reviewing and evaluating aseptic, isolation and</u>	
3010	<u>sanitation techniques.</u>	
3011		
3012	4. <u>Establish, maintain, update and monitor the effectiveness</u>	Formatted: Indent: Left: 1", Hanging: 0.5"
3013	<u>of written infection control policies and procedures.</u>	
3014		
3015	5. <u>Supervise the infection control program in all phases of</u>	Formatted: Indent: Left: 1", Hanging: 0.5"
3016	<u>the Hospital's activities, including but not limited to:</u>	
3017		
3018	<u>(A) Sterilization and disinfection procedures.</u>	
3019		
3020	<u>(B) Isolation and precaution procedures.</u>	
3021		
3022	<u>(C) Adherence to governmental regulations and guidelines</u>	
3023	<u>and licensing, certification and accreditation</u>	
3024	<u>requirements.</u>	
3025		
3026	<u>(D) Handling and disposal of biohazardous material</u>	
3027		
3028	<u>(E) Reviewing sensitivities of microbiologic organisms</u>	
3029	<u>specific to the Hospital</u>	
3030		
3031	<u>(F) Ability to work collaboratively with the employee</u>	
3032	<u>health and safety personnel on infection control matters.</u>	
3033		
3034	<u>(G) Actions upon recommendations related to infection</u>	
3035	<u>control received from the Executive Committee, Chief</u>	
3036	<u>Medical Officer, Hospital Administration, departments and</u>	
3037	<u>other committees.</u>	
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3039	C. <u>MEETINGS</u>	
3040		
3041	<u>The Committee shall meet at least quarterly; shall maintain a</u>	
3042	<u>permanent record of its proceedings and actions, and shall submit</u>	
3043	<u>a quarterly report to the Executive Committee on its activities.</u>	
3044		Deleted: 1
3045	SECTION 7. <u>OPERATIVE AND INVASIVE PROCEDURES AND BLOOD USAGE REVIEW</u>	Deleted: 9
3046	<u>COMMITTEE</u>	
3047		
3048	A. <u>COMPOSITION</u>	
3049		
3050	<u>The Operative and Invasive Procedures and Blood Usage Review</u>	
3051	<u>Committee shall consist of three to five (3-5) members of the</u>	
3052	<u>Association, one (1) of whom shall be a pathologist, the Director</u>	Deleted: the chair of the Department of Pathology or his/her designee
3053	<u>of the Blood Bank and one (1) member from the nursing service.</u>	
3054		
3055	B. <u>DUTIES</u>	
3056		
3057	1. <u>Evaluate the agreement or disagreement between the preoperative</u>	
3058	<u>and post-operative diagnosis and reports by the pathologists on</u>	
3059	<u>tissues removed at operation.</u>	
3060		

2. Review the indications for surgery in all cases in which there is a major discrepancy between the pre-operative and post-operative (including pathologic) diagnosis.

3. Provide support in the evaluation of the appropriateness of the blood and blood product usage, and review reports related to the utilization of blood and blood products

4. At the committee's discretion, establish criteria for utilization of blood components as recommended by appropriate department chairs, and for compliance with the criteria.

5. Conduct periodic reviews of the records of all transfusion reactions, blood utilization, and make recommendations regarding specific improvements in transfusion services and policies.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.

SECTION 8. WELL BEING OF PRACTITIONERS COMMITTEE

A. COMPOSITION

The Well-Being of Practitioners Committee shall consist of three to five (3-5) members of the Active Staff.

B. DUTIES

The Well-Being of Practitioners Committee shall recommend policies and procedures for recognizing practitioners who have problems with substance abuse and/or physical or mental illness which may impair their ability to practice safely and effectively, and for assisting such practitioners to obtain necessary rehabilitation services.

The Committee may receive reports related to the health, well-being, or impairment, including, but not limited to, substance abuse and physical or mental illness, of Association members and, as it deems appropriate, may investigate such reports and evaluate compliance by a practitioner with a mutually agreed monitoring agreement. These activities are separate from any attending staff corrective action functions. The Committee may, on a voluntary basis, provide such advice, counseling, or referrals to Association members as may seem appropriate. Such activities shall be confidential; however, in the event that any information received by the Committee clearly demonstrates that the health or known impairment of an Association member may pose an unreasonable risk of harm to patients, that information shall be referred to the Executive Committee, and the Chief Medical Officer for corrective action pursuant to Article VI.

C. MEETINGS

The Committee shall meet on an as needed basis, but no less than quarterly; shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.

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SECTION 10. BLOOD USAGE
REVIEW COMMITTEE§

§

A. COMPOSITION§

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The Blood Usage Review Committee shall consist of three to five (3-5) members of the Active staff; one (1) member from nursing service; the Director of the Blood Bank, and such other members as from time to time may be required. The chair of the Committee shall be the Director of the Blood Bank. §

§

B. DUTIES §

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-----Section Break (Continuous)-----

The Committee shall provide support in the evaluation of the appropriateness of the blood and blood product usage, and reviews reports related to the utilization of blood and blood products and may establish criteria for utilization of blood components as recommended by appropriate department chairs and for compliance with the criteria. The Committee shall also conduct periodic reviews of the records of all transfusion reactions, blood utilization, and to make recommendations regarding specific improvements in transfusion services and policies. §

§

C. MEETINGS§

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The Committee shall meet at least quarterly, shall maintain a permanent records of its proceedings and actions, and shall submit a quarterly report to the Executive Committee of its activities. §

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3124			
3125	SECTION 9. BYLAWS AND RULES AND REGULATIONS COMMITTEE	Deleted: 12	
3126			
3127	A. COMPOSITION		
3128			
3129	The Committee shall consist of at least three (3) members of the		
3130	Association and at least one (1) representative from Medical		
3131	Center Administration.		
3132			
3133	B. DUTIES		
3134			
3135	The Committee shall review the bylaws and rules and regulations		
3136	of the Association to recommend any amendments as needed.		
3137			
3138	C. MEETINGS		
3139			
3140	The Committee shall meet at least annually, shall maintain a		
3141	permanent record of its proceedings, and shall submit reports on		
3142	its activities to the Executive Committee.	Deleted: as necessary.	
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3144			
3145	SECTION 10. PATIENT RIGHTS AND ORGANIZATIONAL ETHICS COMMITTEE	Deleted: 3	
3146			
3147	A. COMPOSITION		
3148			
3149	The Patient Rights and Organizational Ethics Committee shall		
3150	consist of three to five (3-5) members of the Active Staff and		
3151	members from, but not limited to, the following disciplines:	Deleted: Medical Center	
3152	nursing, social work, Hospital Administration, Patient Advocates		
3153	and clergy. Members shall be employees or volunteers of the	Deleted: Medical Center	
3154	Hospital.		
3155			
3156	B. DUTIES		
3157			
3158	1. Help assure there is appropriate consideration of ethical		
3159	issues which may be associated with decisions relating to		
3160	patient care.		
3161			
3162	2. Help advise Hospital staff concerning ethical issues which	Deleted: Medical Center	
3163	may be associated with decisions relating to patient care.		
3164			
3165	3. Review and advise concerning ethical issues referred to the		
3166	Committee by other Association committees, Hospital staff, or	Deleted: Medical Center	
3167	other involved parties.		
3168			
3169			
3170	4. Offer consultation to all Hospital departments. In this	Deleted: Medical Center	
3171	function, the Committee shall serve as an advisory group but		
3172	will not make specific decisions related to patient care.		
3173	Rather, patient care decisions will be made by the applicable		
3174	practitioner.		
3175			
3176	C. MEETINGS		
3177			
3178	The Committee shall meet quarterly; shall maintain a permanent	Deleted: on an as needed	
3179	record of its proceedings and actions, and shall submit a	basis	
3180	quarterly report to the Executive Committee on its activities.	Deleted: , but no less than	
3181		annually	
3182	SECTION 11. INTERDISCIPLINARY PRACTICE COMMITTEE	Deleted: annual	
3183			
3184	A. COMPOSITION	Deleted: 1	
		Deleted: 4	

The Interdisciplinary Practice Committee shall be a multidisciplinary committee consisting of at least eight (8) members, including, at a minimum, the Chief Medical Officer or his/her designee; the Chief Nursing Officer; and three (3) to five (5) members of the Association appointed by the Executive Committee and an equal number of registered nurses appointed by the Chief Nursing Officer. Licensed or certified health professionals other than registered nurses who perform functions requiring standardized procedures or clinical privileges designed for licensed or certified health professionals may be appointed by the Executive Committee as necessary.

B. DUTIES

1. Standardized Procedures

(A) Consistent with the requirements of law and regulation, the Committee shall assist in developing and shall review standardized procedures that apply to nurses or allied health professionals, identify functions that are appropriate for standardized procedures, and review and approve standardized procedures, subject to review and approval by the Executive Committee.

(B) Standardized procedures can only be approved after consultation with the department involved and by affirmative vote of (1) a majority of administrative members, (2) a majority of physician members, and (3) a majority of nurse members.

2. Credentialing Allied Health Professionals

(A) The Committee shall review and recommend policies and procedures for the expanded role related to assessing, planning and directing the patient's diagnostic and therapeutic care.

(B) The Committee shall review allied health professionals' applications and forward its recommendations and the applications on to the Credentials Committee for its recommendations. The Credentials Committee shall then forward the recommendations of the Interdisciplinary Practice Committee and its recommendations and the applications on to the Director, through the Executive Committee, for the granting and/or rescinding of privileges.

(C) The Committee shall review on an annual basis all allied health professionals' competency and performance improvement data.

(D) The Committee shall serve as liaison between allied health professionals and the Association.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions and shall submit at least a quarterly report on its activities to the Executive Committee.

SECTION 12. OTHER COMMITTEES

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3247 The President, in consultation with the Chief Medical Officer,
 3248 may establish and appoint special or ad hoc committees when
 3249 deemed necessary. The establishment of such committees shall
 3250 include the following: Deleted: appointment
 3251 Deleted: ..
 3252 Deleted: T
 3253 A. Appointment of the members of the committee and its chair. Deleted: T
 3254 Deleted: T
 3255 B. Specification of the exact charge for which the committee is
 3256 formed.
 3257 Deleted: To whom and
 3258 C. Designation of when and to whom the committee shall report
 3259 concerning its deliberations and/or actions.
 3260 Deleted: T
 3261 D. Designation of the duration of service of the committee.

3262 ARTICLE XI

3263 MEETINGS

3264 SECTION 1. ANNUAL ASSOCIATION MEETING

3265 There shall be an annual meeting of the members of the Association which shall
 3266 be held in February of each Association Year. The annual election of officers
 3267 of the Association shall take place at this meeting. Deleted: on the second
 3268 Wednesday

3269 The agenda for the annual meeting shall be:

- 3270 1. Call to order.
- 3271 2. Acceptance of the minutes, as amended if needed, of the last
 3272 annual and all intervening special meetings.
- 3273 3. Unfinished business.
- 3274 4. Report from the President.
- 3275 5. Report from the Chief Medical Officer.
- 3276 6. Report from the Chief Executive Officer (optional)
- 3277 7. New business.
- 3278 8. Election of officers when required by these bylaws.
- 3279 9. Discussion and recommendations for improvement of the
 3280 professional work of the Hospital.
- 3281 10. Adjournment.

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3282 SECTION 2. QUARTERLY ASSOCIATION MEETINGS

3283 Three (3) quarterly meetings of the Association shall be held each Association
 3284 Year as follows: (1) in June; (2) in September; and (3) in December. The
 3285 President shall present a report of all actions taken by the Executive
 3286 Committee during the preceding quarter and other matters believed to be of
 3287 interest and value to the membership. The meetings may also include, without
 3288 limitation, reports of the review and evaluation of clinical work done in
 3289 departments and committees, and of the performance of other Association
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3309 functions, as well as other matters relevant to Association members.

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3312 SECTION 3. SPECIAL ASSOCIATION MEETINGS

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3314 Special meetings of the Association may be called at any time by the
3315 President, the Chief Medical Officer or the Executive Committee. The President
3316 shall call a special meeting within (30) days after receipt by him/her of a
3317 written request for same signed by at least fifteen (15) Active Staff members
3318 of the Association addressed to the President and stating the purpose for
3319 such meeting. No business shall be transacted at any special meeting except
3320 that stated in the notice calling the meeting.

3321

The agenda at a special meeting shall be:

3322

1. Reading of the notice calling the meeting.

3323

2. Transaction of business for which the meeting was called.

3324

3. Adjournment.

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SECTION 4. COMMITTEE AND DEPARTMENT MEETINGS

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3332

A. REGULAR MEETINGS

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Committees and departments may, by resolution, provide the time
3335 for holding regular meetings and no notice other than such
3336 resolution shall then be required. Each department shall hold
3337 regular meetings at least monthly to review and evaluate the
3338 clinical activities of the department.

3339

3340

B. SPECIAL MEETINGS

3341

A special meeting of any committee or department may be called
3342 by, or at the request of, the chair thereof, the President of the
3343 Association, or by one-third of the committee or department's
3344 current members but not less than two (2) members.

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SECTION 5. NOTICE OF MEETINGS

3348

Written or printed notice stating the place, day and hour of any Association
3349 meeting or of any regular committee or department meeting not held pursuant to
3350 resolution shall be delivered either personally or by United States mail or
3351 County mail to each person entitled to be present not less than seven (7) days
3352 nor more than twenty (20) days before the date of such meeting, except that
3353 notice of the annual Association meeting shall be delivered at least ten (10)
3354 days prior to the meeting. Notice of any special committee or department
3355 meeting may be given orally. If mailed by United States mail, the notice of
3356 any meeting shall be deemed delivered when deposited, postage prepaid, in the
3357 United States mail, addressed to each person entitled to such notice at
3358 his/her address as it appears on the records of the Hospital. If mailed by
3359 County mail, the notice of any meeting shall be deemed delivered when
3360 deposited in the Hospital Mail Distribution Center, addressed to each person
3361 entitled to such notice at his/her address as it appears on the records of the
3362 Hospital. Personal attendance at a meeting shall constitute a waiver of the
3363 notice of any meeting.

3364

3365

SECTION 6. QUORUM

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For any Association, committee or department meeting, the presence of a
3368 minimum of fifteen percent (15%) of the voting members, shall constitute a
3369 quorum for the transaction of any business, including amendment of these
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3371 | bylaws, except that, in no event shall the presence of less than three (3)
3372 | voting members constitute quorum. At the option of the presiding officer of
3373 | the committee or department, committee or department meetings may occur, and
3374 | official action may be taken by telephone conference or members may
3375 | participate by other form of electronic communication so long as the
3376 | electronic mode of communication allows all participating members to hear and
3377 | be heard by all other participating members. However, all meetings of the
3378 | Executive Committee, the Performance Improvement Committee and Credentials
3379 | Committee must be held in person, and members of such committees may not
3380 | participate by telephone or other electronic means of communication.

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3381 | SECTION 7. CONDUCT OF MEETINGS

3382 |
3383 | All meetings shall be conducted according to these bylaws. When not otherwise
3384 | specified, the latest edition of Robert's Rules of Order shall prevail,
3385 | provided that any technical departure from such rules, as determined in the
3386 | sole judgment of the presiding officer of the meeting, shall not invalidate
3387 | any action taken at a meeting.

3388 | Section 8. EXECUTIVE SESSION

3389 |
3390 | At the election of the presiding officer, any department or committee of the
3391 | Association may meet in executive session. For purposes of these bylaws,
3392 | executive session shall be a session in which only voting members of the
3393 | committee, the Hospital's Chief Executive Officer and/or Chief Medical
3394 | Officer, and those persons expressly invited by the presiding officer of the
3395 | committee may attend. Committees shall meet in executive session only for
3396 | those sensitive issues requiring confidentiality.
3397 |

3398 | SECTION 9. MANNER OF ACTION

3399 |
3400 | Except as otherwise specified, the action of a majority of the voting members
3401 | present and voting at any meeting at which a quorum exists shall be the action
3402 | of the group. For purposes of this section, members who are participating by
3403 | telephone or other electronic means as permitted in Section 6 of this Article
3404 | XI are considered present. Action may be taken without a meeting by the
3405 | Association or any committee or department by written notice setting forth the
3406 | action so taken signed by each member entitled to vote thereat.
3407 |

3408 | SECTION 10. MINUTES

3409 |
3410 | Minutes of all meetings shall be prepared and maintained in a permanent record
3411 | and shall include a record of the attendance and the vote taken on each
3412 | matter. The minutes shall be signed by the presiding officer. The
3413 | Association Secretary shall maintain a permanent file of the minutes of
3414 | Association and committee meetings, and each department shall maintain a
3415 | permanent file of the minutes of department meetings.
3416 |

3417 | SECTION 11. ATTENDANCE REQUIREMENTS

3418 | A. REGULAR ATTENDANCE

3419 | Each member of the Active Staff and Provisional Staff shall be
3420 | required to attend:

- 3421 | 1. The annual Association meeting.
- 3422 | 2. At least fifty (50) percent of all meetings of each committee
3423 | and department of which he/she is a member in each
3424 | Association Year.

3425 | All other Association members are encouraged to attend all
3426 | Association meetings and all meetings of each committee and
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department of which they are members.

A member is considered to have attended a meeting if he or she attends by telephone or other permitted electronic means where such alternative form of attendance is allowed pursuant to Section 6 of this Article.

B. ABSENCE FROM MEETINGS

Any member who is compelled to be absent from any Association, committee or department meeting shall promptly provide to the regular presiding officer thereof the reason for such absence. Unless excused for good cause by such presiding officer, failure to meet the attendance requirements of Subsection A above may be grounds for any of the corrective actions specified in Article VI, and including, in addition, removal from such committee or department. Committee or department chairs shall report all such failures to the Executive Committee. Reinstatement of an Association member whose membership has been revoked because of absence from meetings shall be made only on application, and any such application shall be processed in the same manner as an application for initial appointment.

C. SPECIAL APPEARANCE

A member whose patient's clinical course of treatment is scheduled for discussion at a committee or department meeting shall be so notified by the committee or department chair and shall be required to attend. Whenever apparent or suspected deviation from standard clinical practice is involved, the notice to the member shall so state, shall state the time and place of the meeting, shall be given by certified or registered mail, return receipt requested, at least seven (7) days prior to the meeting, and shall include a statement that his/her attendance at the meeting at which the alleged deviation is to be discussed is mandatory.

Failure of a member to attend any meeting with respect to which he/she was given notice that attendance is mandatory, unless excused by the Chief Medical Officer upon a showing of good cause, may result in a summary suspension of all or any portion of the member's clinical privileges. If the practitioner makes a written request for postponement, which is received by the Chief Medical Officer within five (5) days after the date of the notice and which is supported by an adequate showing that his/her absence will be unavoidable, his/her attendance and presentation may be excused and postponed by the committee or department chair, or by the Chief Medical Officer if the chair is the practitioner involved, until not later than the next regular committee or department meeting; otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

SECTION 12. CONFIDENTIALITY

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All members and attendees shall agree, in writing, to keep the proceedings, records and activities of the Association, committees, departments, and divisions confidential.

ARTICLE XII

CONFIDENTIALITY, IMMUNITY AND RELEASES

SECTION 1. SPECIAL DEFINITIONS

For the purpose of this Article, the following definitions shall apply:

- A. INFORMATION means records of proceedings, minutes, records, files, communications, reports, memoranda, statements, recommendations, data, and other disclosures, whether in written or oral form, relating to professional qualifications, clinical ability, judgment, character, physical and mental health status, emotional stability, professional ethics, or any other matter that might directly or indirectly affect patient care.
- B. REPRESENTATIVE means Los Angeles County and any officer, employee or agent thereof; the Association and any member, officer, department, division, service, board, or committee thereof; any other medical staff organization and any member, officer, department, division, service, board, or committee thereof; any other health care facility or organization and any officer, department, service, board or committee thereof; and any person authorized by any of the foregoing to perform specific information gathering or disseminating functions.
- C. THIRD PARTY means any person or organization providing information to any representative.

SECTION 2. AUTHORIZATIONS AND CONDITIONS

By applying for, or exercising, clinical privileges or providing specified patient care services within the Hospital, a practitioner:

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- A. Authorizes representatives of the County of Los Angeles, the Hospital, and the Association to solicit, provide and act upon any information bearing upon, or reasonably believed to bear upon, his/her professional ability and qualifications.
- B. Authorizes representatives and third parties to provide any information, including otherwise privileged or confidential information, concerning the practitioner to the Hospital and the Association.
- C. Agrees to be bound by the provisions of this Article and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article.
- D. Acknowledges that the provisions of this Article are express conditions to his/her application for, and acceptance of, Association membership and the continuation of such membership, and/or to his/her application and exercise of clinical privileges or provision of specified patient care services at the Hospital.

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SECTION 3. CONFIDENTIALITY OF INFORMATION

Information with respect to any practitioner submitted, collected, prepared, or maintained by any representative for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to clinical research, as well as any other information with respect to any Association, committee or department meeting, shall, to the fullest extent permitted by law, be confidential and shall not be disseminated to anyone other than a duly authorized person nor be used in any way except as provided in these bylaws, or except as otherwise required by law. However, this information may be disseminated to and used by committee members,

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department chairs, or their delegates for the purpose of fulfilling responsibilities established in these bylaws or the Rules and Regulations, or policies and procedures of the Association. Further, the Chief Executive Officer, the Governing Body and their designees may review, receive and utilize such confidential information for the purpose of enabling them to discharge their lawful obligations and responsibilities. Except as provided in these bylaws, dissemination of such information shall be made only where expressly required by law, pursuant to officially adopted policies of the Association, where no official policy exists, only with the express approval of the Executive Committee. Such confidentiality shall extend also to any information submitted, collected, prepared, or maintained by any practitioner or any third party. This information shall not become part of any particular patient's file or of the general Hospital records.

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Inasmuch as effective peer review, the consideration of qualifications of Association members and applicants to perform specific procedures, and the evaluation and improvement of the quality of patient care rendered in the Hospital, must be based on free and candid discussion, any breach of confidentiality of the discussions or deliberations of the Association, departments, divisions, or committees, except in conjunction with any other medical staff organization or health care facility or organization or any licensing authority, is outside appropriate standards of conduct for the Association and shall be deemed disruptive to the operations of the Association and the Hospital. If it is determined that such a breach has occurred or is likely to occur, the Hospital or the Executive Committee may undertake such corrective action as deemed appropriate.

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It shall be the responsibility of each practitioner to obtain the release of any information requested by the Association or the Hospital. Notwithstanding any other provision of these bylaws, the Association, the Hospital, and the County of Los Angeles, and their officers, employees and agents shall, to the fullest extent permitted by law, be entitled to utilize any information submitted, collected, prepared, or maintained by any practitioner, representative, or third party, in defense of any suit or claim brought against any or all of them relating to any act or omission of any practitioner.

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SECTION 4. PRACTITIONER ACCESS TO AND CORRECTION OF CONFIDENTIAL INFORMATION

A practitioner who is credentialed under these bylaws shall have access to his or her own credentials file, subject to the following provisions:

A. Notice of a request to review the file shall be given by the practitioner requesting access to the Chief Medical Officer or his or her designee at least three days before the requested date of review.

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B. The practitioner may review and receive a copy of only those documents provided by or addressed personally to the practitioner. A summary of all other information, including peer review committee findings, letters of reference, proctoring reports, complaints, etc. shall be provided to the practitioner in writing, within two weeks. Such summary shall disclose the substance, but not the source, of the information summarized.

C. The review by the practitioner shall take place in the medical staff office, during normal business hours, with an Association officer or designee present.

B. A practitioner is permitted to request correction of information in his or her credentials file so long as the request is in writing, directed to the Chief Medical Officer, and includes a statement of

the basis for the requested correction. The Chief Medical Officer, within a reasonable period of time will make a recommendation to the Executive Committee on whether a correction should be made, which shall make the final decision on the request. The Executive Committee shall promptly notify the practitioner of its decision. Notwithstanding the Executive Committee's decision, the practitioner has the right to add to his or her credentials file a statement responding to any information contained in the file. Any such written statement shall be addressed to the Executive Committee, which shall cause it to be placed in the credentials file immediately following review by the Committee.

SECTION 5. IMMUNITY FROM LIABILITY

A. FOR ACTION TAKEN

Each representative of the County of Los Angeles, the Hospital or the Association, and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief for any action taken or statements or recommendations made within the scope of his/her duties.

B. FOR PROVIDING INFORMATION

Each representative of the County of Los Angeles, the Hospital or the Association and all third parties shall, to the fullest extent permitted by law, be exempt from any liability to any practitioner for any damages or other relief by reason of providing information to a representative of the County of Los Angeles, the Hospital, or the Association, or to any other health care facility or organization or medical staff organization concerning any practitioner who is or has been an applicant to or member of the Association or who did or does exercise clinical privileges or provide specified patient care services at the Hospital.

SECTION 6. ACTIVITIES AND INFORMATION COVERED

The provisions of this Article shall apply to all acts, communications, reports, recommendations, and disclosures of any kind performed or made in connection with the activities of the Hospital or the Association or of any other health care facility or organization or medical staff organization, concerning, but not limited to:

- A. Applications for appointment, clinical privileges, or specified patient care services;
- B. Periodic reappraisals for reappointment, clinical privileges or specified patient care services;
- C. Corrective action;
- D. Hearings and appellate reviews;
- E. Performance data from the quality assessment and improvement program;
- F. Utilization reviews;

G. Other Hospital, Association, department, division, or committee activities related to monitoring and/or maintaining quality patient care and appropriate professional conduct; and

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H. National Practitioner Data Bank, Office of the Inspector General exclusion list, peer review organizations, Medical Board of California, and similar reports.

SECTION 7. RELEASES

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Each practitioner shall, upon request of the Hospital or the Association, execute general and specific releases in accordance with the express provisions and general intent of this Article. However, execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

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ARTICLE XIII

RULES AND REGULATIONS

SECTION 1. ASSOCIATION RULES AND REGULATIONS

Subject to the approval of the Director, the Executive Committee shall adopt, amend, or repeal, such rules and regulations of the Association, including rules and regulations relating to corrective actions, fair hearings and appeals, credentialing privileging and appointment as may be necessary to implement more specifically the general principles found within these bylaws. However, on the written request of 10% of the active members of the Association, the Executive Committee shall present any new rule or modification, revision or removal of any rule or regulation to the membership for approval. Unless approved by at least a majority of the members eligible to vote and present at a meeting at which a quorum exists, such any new, or modified rule or regulation or action to remove a rule or regulation shall not be effective. Such rules and regulations shall not be inconsistent with these bylaws or the policies of the Hospital. Following Executive Committee action (or a vote of the membership as applicable), such rules and regulations shall become effective only upon approval by the Director, acting on behalf of the governing body, which approval shall not be withheld unreasonably. Such rules and regulations shall be reviewed, and may be revised if necessary, at least every two (2) years. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern. If significant changes are made in such rules and regulations, as determined by the Executive Committee, then the Association members and other persons with clinical privileges shall be provided with revised texts.

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SECTION 2. DEPARTMENTAL RULES AND REGULATIONS

Subject to the approval of the Executive Committee and Director, each department shall adopt, amend, or repeal its own rules and regulations for the conduct of its affairs and the discharge of its responsibilities. Such rules and regulations shall not be inconsistent with these bylaws, the rules and regulations of the Association, or the policies of the Hospital. If there is any conflict between these bylaws and such rules and regulations, the bylaws shall govern.

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ARTICLE XIV

INDEMNIFICATION AND INSURANCE

SECTION 1. INDEMNIFICATION

3743
3744 A. Indemnification by Certain Practitioners
3745

3746 Notwithstanding any other provision of these bylaws, each practitioner (other
3747 than a practitioner who (1) provides health services to a patient at the
3748 Hospital within the scope of his/her employment as a County Civil Service
3749 employee, whether classified or unclassified, (2) provides health services to
3750 a patient at the Hospital within the scope of a contract which he/she has
3751 entered into with the County and which has been approved by the Governing
3752 Body, or (3) provides health services to a patient at the Hospital within the
3753 scope of a contract which has been entered into between a non-County entity
3754 and the County and which has been approved by the Governing Body) who renders
3755 services to and bills patients in the Hospital shall indemnify, defend and
3756 hold harmless County, and its Special Districts, elected and appointed
3757 officers, employees, and agents from and against any and all liability,
3758 including, but not limited to, demands, claims, actions, fees, costs, and
3759 expenses (including attorney and expert witness fees), arising from or
3760 connected with practitioner's acts and/or omissions arising from and/or
3761 relating to the services provided to such patients by such practitioner.

3762
3763 B. Indemnification by County
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3765 The County of Los Angeles, on behalf of the Hospital, shall indemnify, defend
3766 and hold harmless the Association and its individual members ("Indemnitees")
3767 from and against losses and expenses (including reasonable attorney's fees,
3768 judgments, settlements, and all other costs) incurred or suffered by reason of
3769 or based upon any threatened, pending or completed action, suit, proceeding,
3770 investigation, or other dispute relating or pertaining to any alleged act or
3771 failure to act with the scope of peer review, quality assessment or quality
3772 improvement activities including but not limited to:

3773
3774 (i) Acting as a member of or witness for a department, service,
3775 committee, or hearing panel;
3776

3777 (ii) As a person providing information to any Association or Hospital
3778 group, officer, Governing Body member or employee for purposes of aiding in
3779 the evaluation of the qualifications, fitness or character of an Association
3780 member or applicant.

3781
3782 The County shall retain responsibility for the sole management and defense of
3783 any such claims, suits, investigations or other disputes against Indemnitees,
3784 including, but not limited to the selection of legal counsel to defend against
3785 any such action. The indemnity set forth in this section is expressly
3786 conditioned on Indemnitees' good faith belief that their actions and or
3787 communications are reasonable and warranted and in furtherance of the
3788 Association's peer review, quality assurance or quality improvement
3789 responsibilities in accordance with the purpose of the Association as set
3790 forth in these bylaws. In no event will the County indemnify any Indemnitee
3791 for acts or omissions taken, or not taken, in bad faith or in pursuit of the
3792 Indemnitee's private economic interests.

3793
3794 SECTION 2. GENERAL INSURANCE REQUIREMENTS
3795

3796 Without limiting any such practitioner's indemnification of County, each such
3797 practitioner shall provide and maintain the programs of insurance specified in
3798 this Article XIV. Such insurance shall be primary to and not contributing
3799 with any other insurance or self-insurance programs maintained by County, and
3800 such coverage shall be provided and maintained at the practitioner's own
3801 expense.

- 3802
3803 A. Evidence of Insurance: Certificate(s) or other evidence of
3804 coverage satisfactory to County shall be delivered to the

Chief Medical Officer prior to any such practitioner rendering any services to any patient at the Hospital. Such certificates or other evidence shall:

1. Specifically reference these bylaws.

2. Clearly evidence all required coverage.

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1. Contain the express condition that County is to be given written notice by mail at least thirty (30) days in advance of cancellation for all policies evidenced on the certificate of insurance.

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2. Include copies of the additional insured endorsement to the commercial general liability policy, adding the County of Los Angeles, its Special Districts, its officials, officers and employees as additional insureds for all activities arising from and/or relating to the services provided by the practitioner.

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3. Identify any deductibles or self-insured retentions for County's approval. The County retains the right to require the practitioner to reduce or eliminate such deductibles or self-insured retentions as they apply to County, or, require the practitioner to provide a bond guaranteeing payment of all such retained losses and related costs, including, but not limited to, expenses or fees, or both, related to investigations, claims administrations, and legal defense. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.

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B. Insurer Financial Ratings: Insurance shall be provided by an insurance company acceptable to the County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County.

C. Failure to Maintain Coverage: Any failure by any such practitioner to provide and maintain the required insurance, or to provide evidence of insurance coverage acceptable to County, shall constitute a material violation of these bylaws and shall result in the immediate and automatic suspension of the practitioner's Association membership and clinical privileges as provided in Section 3 of Article VI. County, at its sole option, may obtain damages from the practitioner resulting from such breach.

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A. Notification of Incidents, Claims or Suits: Each such practitioner shall notify the County, or its authorized claims representative, by Department of Health Services incident report of any occurrence of disease, illness, death, injury to persons or destruction of property, or any malpractice, error, or event that is potentially compensable (e.g., any adverse event related to hospitalization or treatment, any deviation from expected outcomes). If a claim is made or suit is brought against the practitioner and/or the County, the practitioner shall immediately forward to the County, or its authorized claims representative, copies of every demand, notice, summons or other process received by him/her or his/her representative. In addition, each such practitioner shall cooperate with and assist the County, or its authorized representatives, in accordance with County and

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3867 | Hospital procedures. ----- Deleted: Medical Center
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3869 | A. Compensation for County Costs: In the event that any such----- Formatted: Bullets and Numbering
3870 | practitioner fails to comply with any of the indemnification
3871 | or insurance requirements of these bylaws, and such failure
3872 | to comply results in any costs to County, the practitioner
3873 | shall pay full compensation to County for all costs incurred
3874 | by County.
3875 |
3876 | SECTION 3. INSURANCE COVERAGE REQUIREMENTS
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3878 | A. General Liability insurance (written on ISO policy form CG 00
3879 | 01 or its equivalent) with limits of not less than the
3880 | following:
3881 |
3882 | General Aggregate: \$2 million
3883 | Products/Completed Operations Aggregate: \$1 million
3884 | Personal and Advertising Injury: \$1 million
3885 | Each Occurrence: \$1 million
3886 |
3887 | B. Automobile Liability insurance (written on ISO policy form CA
3888 | 00 01 or its equivalent) with a limit of liability of not
3889 | less than \$1 million for each accident. Such insurance shall
3890 | include coverage for all "owned", "hired and "non-owned"
3891 | vehicles, or coverage for "any auto."
3892 |
3893 | A. Workers' Compensation and Employers' Liability insurance----- Formatted: Bullets and Numbering
3894 | providing workers' compensation benefits, as required by the
3895 | Labor Code of the State of California or by any other state,
3896 | and for which such practitioner is responsible. This
3897 | insurance also shall include Employers' Liability coverage
3898 | with limits of not less than the following:
3899 |
3900 | Each Accident: \$1 million
3901 | Disease - policy limit: \$1 million
3902 | Disease - each employee: \$1 million
3903 |
3904 | D. Professional Liability insurance covering liability arising from----- Formatted: Indent: Left: 0.38",
3905 | any error, omission, negligent or wrongful act of the Hanging: 1.02"
3906 | practitioner, its officers or employees with limits of not Formatted: Bullets and Numbering
3907 | less than \$1 million per occurrence and \$3 million aggregate.
3908 | The coverage also shall provide an extended two year
3909 | reporting period commencing upon termination or cancellation
3910 | of clinical privileges.
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ARTICLE XV

GENERAL PROVISIONS

SECTION 1. CONSTRUCTION OF TERMS AND HEADINGS

Words used in these bylaws shall be read as the masculine or feminine gender and as the singular or plural, as the context requires. The captions or headings in these bylaws are for convenience only and are not intended to limit or define the scope or effect of any provision of these bylaws.

SECTION 2. EXECUTIVE COMMITTEE ACTION

Wherever these bylaws require or authorize action by the Executive Committee, such action may be taken by a subcommittee of the Executive Committee to which the Executive Committee has delegated the responsibility and authority to act

for it on the particular subject matter, activity or function involved.

SECTION 3. AUTHORITY TO ACT

Action of the Association in relation to any person other than the members thereof shall be expressed only through the President of the Association, or his/her or its designee, or the Executive Committee, and they shall first confer with the Chief Executive Officer. Any member who acts in the name of the Association without proper authority shall be subject to such disciplinary action as the Executive Committee or the Chief Executive Officer may deem appropriate.

Deleted: or his/her or its designee,

SECTION 4. ACCEPTANCE OF PRINCIPLES

All members of whatever category, by application for membership in the Association, do agree to be bound by the provisions of these bylaws, a copy of which shall be delivered to each member on his/her initial appointment and a copy of each amendment to these bylaws which shall be promptly delivered after adoption. Any violation of these bylaws shall subject the applicant or member to such disciplinary action as the Executive Committee or the Chief Executive Officer may deem appropriate.

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SECTION 5. REPRESENTATION BY LEGAL COUNSEL

Upon the authorization of the Association membership, or the Executive Committee acting on its behalf, the Association may retain and be represented by legal counsel. The Association will have sole responsibility for any fees or expenses associated with such representation.

SECTION 6. ASSESSMENT OF DUES

The Association may assess dues from its members if such assessments are approved by a majority of the members voting at a meeting at which a quorum is present. The motion to assess dues shall be brought before the membership only after it has been approved by the Executive Committee. The amount of dues assessed may vary by category of membership.

ARTICLE XVI

CONFLICT OF INTERESTS

Notwithstanding any other provision of these bylaws, no person who is in any way involved in an application for, or the conduct of, any medical research project which is or may be performed in whole or in part at a Los Angeles County facility shall in any way participate in the County's approval or ongoing evaluation of such project or in any way attempt unlawfully to influence the County's approval or ongoing evaluation of such project.

ARTICLE XVII

FEEES AND PROFITS

SECTION 1. GENERAL RULES

Except as otherwise provided by County contract, no member of the Association shall bill, accept, or receive any fee or gratuity for any type of service rendered to any patient under the jurisdiction of the Hospital, except as to those patients who are designated as private patients of that member upon admission, or where that member is called as a consultant for a private patient of another member.

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SECTION 2. DIVISION OF FEES

The practice of the division of fees under any guise whatsoever is forbidden, and any such division of fees shall be cause for exclusion from the Association.

SECTION 3. RESEARCH

No member of the Association shall receive any direct pecuniary gain from any patient or sources on behalf of any patient as a result of research conducted in the Hospital.

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ARTICLE XVIII

AUTHORITY OF DIRECTOR OF HEALTH SERVICES

SECTION 1. APPROVAL

In accordance with the provisions of these bylaws, no appointment or reappointment to membership or grant of clinical privileges shall be effective unless and until approved by the Director, acting on behalf of the governing body, and no suspension or termination (including, without limitation, any denial of reappointment, but not including any automatic suspension or termination) of the membership or all or any portion of the clinical privileges of any person shall be effective unless and until approved by the Director, acting on behalf of the governing body, provided that in cases of emergency where there is a likelihood of direct and immediate danger to the health or safety of any person, the Chief Medical Officer, or his/her authorized representative in his/her absence, may temporarily suspend all or any portion of the clinical privileges of any person for a period not to exceed three (3) working days (excluding weekends and holidays) pending investigation and action by the Director.

SECTION 2. GRANT PRIVILEGES

Notwithstanding any other provision of these bylaws, the Director, acting on behalf of the governing body, in his/her sole discretion, after considering the recommendations, if any, of the Executive Committee (except that the Director shall not consider the recommendations of the Executive Committee in instances where these bylaws authorize the Director to take action without such recommendations) and in the interest of patient care, shall have the authority to grant clinical privileges as well as modify, suspend, or terminate the membership and/or all or any portion of the clinical privileges of any person in the attending staff.

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SECTION 3. CIVIL SERVICE REQUIREMENTS

Notwithstanding any other provision of these bylaws, the Director, after considering the recommendations, if any, of the Executive Committee, shall have the authority to take such action as he/she deems necessary and appropriate relative to all aspects of the membership and/or clinical privileges of any person in order to accommodate and carry out orders of the County Civil Service Commission or other Civil Service requirements.

ARTICLE XIX

CONFLICTS

In the event of any conflict between the provisions of these bylaws and of any County ordinance or State or Federal law or regulation, the provisions of the

4053 latter shall govern.
4054
4055

ARTICLE XX

AMENDMENT OF BYLAWS

These bylaws may be amended at any annual or special meeting of the Association, provided that notice of such business is sent to all members no later than ten (10) days before such meeting. The notice shall include the exact wording of any proposed amendment, and the date, time and place of the meeting. To be adopted, an amendment shall require an affirmative two-thirds vote of those present and eligible to vote, provided that a quorum exists. Amendments shall be effective only if and when approved by the Governing Body, which approval shall not be withheld unreasonably. Neither the Association nor the Governing Body may unilaterally amend these bylaws.

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 4077 | _____ Chat V. Dang, M.D. Deleted: Samuel Shacks
 4078 | President - Professional Staff Association
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 4086 | _____ Roger Peeks, M.D.
 4087 | Chief Medical Officer
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 4095 | _____ Antionette Smith Epps
 4096 | Chief Executive Officer - Los Angeles County
 4097 | Martin Luther King, Jr. Harbor Hospital Deleted: ./Charles R. Drew
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 4107 | _____ Bruce Chernof, M.D. Deleted: Thomas L.
 4108 | Director and Chief Medical Officer of Health Services Garthwaite,
 4109 | Los Angeles County Department of Health Services
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 4119 | _____ Zev Yaroslavsky,
 4120 | Chair of the Board of Supervisors of Los Angeles County Deleted: Gloria Molina
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 4122 | APPROVED AS TO FORM:
 4123 | Raymond G. Fortner, Jr.
 4124 | Chief Deputy County Counsel Deleted: 5
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 4129 | Anita D. Lee
 4130 | Principal Deputy County Counsel
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6. Department of Neuroscience

- (A) Division of Neurology
- (B) Division of Neurosurgery

Department of Obstetrics, Gynecology and Women's Health

Department of Ophthalmology

Department of Orthopedics

10. Department of Otolaryngology and Head and Neck Surgery

- (A) Division of Communicative Disorders
- (B) Division of Otology and Otoneurology
- (C) Division of Head and Neck Oncology
- (D) Division of Research

11

SECTION 6. MEDICAL RECORDS COMMITTEE

A. COMPOSITION

The Medical Records Committee shall consist of at least three (3) representatives from the Association, the Director of the Medical Records Department, and one (1) each from the nursing service and medical social services.

B. DUTIES

Review and evaluate medical records, or a representative sample, to determine whether the medical records:

- (A) Properly describe the condition and diagnosis, the progress of the patient during hospitalization and at the time of discharge, the treatment and tests provided, the results thereof, and the adequate identification of individuals responsible for orders given and treatment and tests rendered.

- (B) Are sufficiently complete at all times to facilitate continuity of care and communications between individuals providing patient care services in the Medical Center.
2. Review and make recommendations for Association and Medical Center policies, rules and regulations relating to medical records, including completion, forms and formats, filing, indexing, storage, destruction, availability and methods of enforcement.
 3. Provide liaison with Medical Center Administration and the medical records professionals on matters relating to medical records practices.
 4. Assure that the Medical Center meets the Joint Commission on Accreditation of Healthcare Organizations' requirements related to medical records.
 5. Review and approve all Medical Center policies and regulations relating to medical records as well as new forms, prior to their institution in the medical record.

Conduct in-depth surveys of all medical service records.

C. MEETINGS

The Committee shall meet at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall submit a quarterly report to the Executive Committee on its activities.